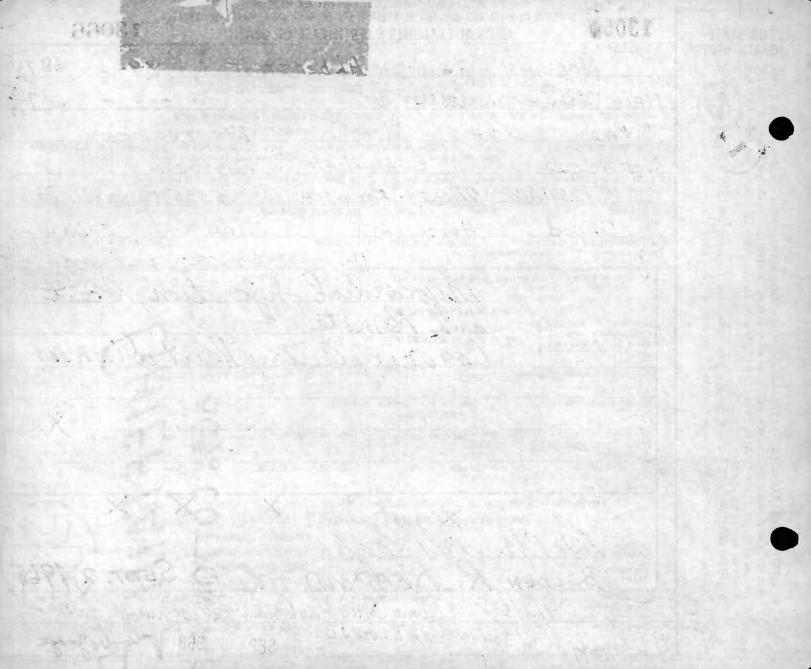
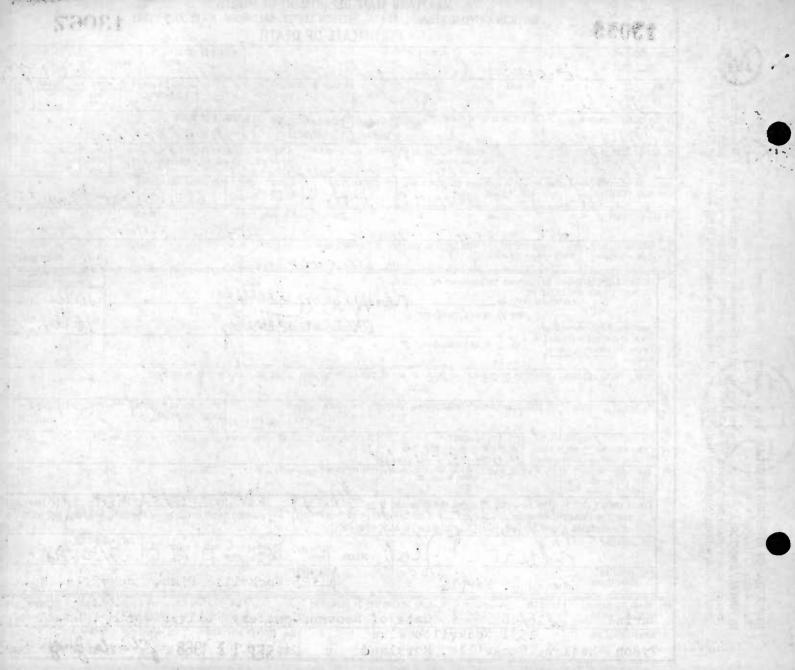
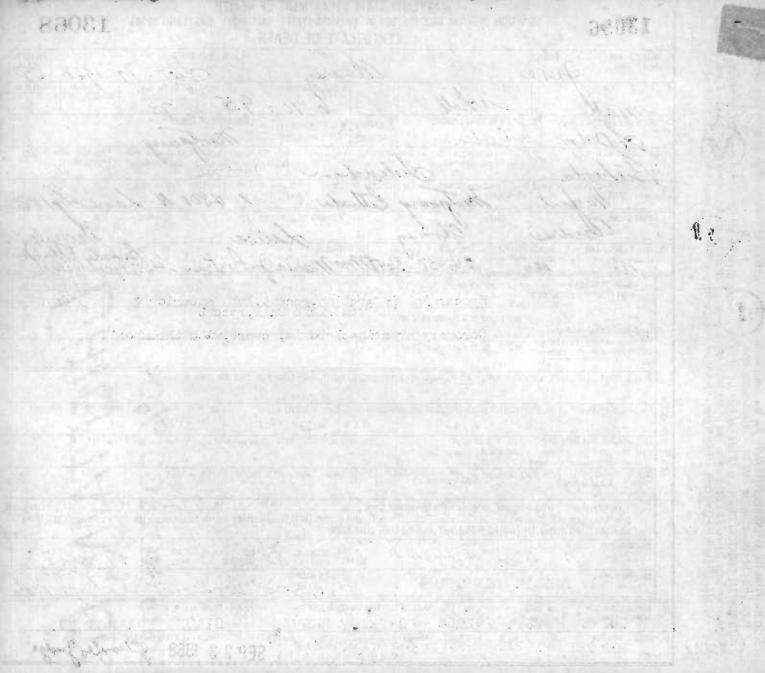
| 1   | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |
|---|--|
| FOR STATE   | MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13066  |
| HEALTH DEPT.  | 1. DECEASED-NAME First Middle Lost 2a DATE KNOWN Month Day Year 12h HOLLE  |
| is<br>to<br>af  | (Type or Print) NORMAN NEWTON ALBERSTANT DEATH MATED & 9-2 1968 7 7 M  |
| d 3 to d 3 to Page  | 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR   |
| ny delay<br>2, and 3<br>PM3. Pa   | MALE FEBREUS JULY 28,1923 45 VRS 9-2-1801 1968 7-2   |
| ee 7 , 2, n   | 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)   |
| Peges<br>ith form   | MA, USA WIDOWED DIVORCED MONTGOMERY MA   |
| 0 0 3 4 2   | Bethesda give street oddress) Suburbban during most of working-life, even if retired.) INDUSTRY  |
| haurs after<br>Item 18. Giv<br>Office along<br>I and 2 with 1   | 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE Mapui 13b COUNTY MARCH 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER OF THE STREET AND NUMBER 13d. INSIDE CITY UMITS?   |
| haurs afte<br>Item 18. Gi<br>Office alon<br>I and 2 with  | THINT AND TOOK I HE SOUTH TO BOSS TOOKS ATT NO.  |
|   | 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost   |
| hin 24<br>ncil in<br>niner's<br>pages<br>haurs  | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 5-395 POCKS HILL   |
| within<br>penci<br>xamir<br>ile pa  | (Yes, na, or unknown) (If yes give war or dofes of service) DOROTHY ALDERSTALT BETHESCH, MC  |
| xecuted wit<br>nding" in pe<br>Medical Exa<br>permit. File<br>it within 72  | PR. CAUSE OF DEATH (Enter only one cause partime long(a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSEGAND DEATH  |
| ecuted in ling" in edical Exercise economical | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUSICALULAL Inforcation to conte  |
| be exe<br>"pendi<br>nief Me<br>ansit pe<br>event  | 4/09 DUE TO, OR AS A CONSEQUENCE OF  |
| d 'p<br>Chie<br>rans  | rise to immediate couse (a), (b) BNL Remole  |
| This certificate shauld be executed within 24 cate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's be used as a burial-transit permit. File pages or remaval, and in any event within 72 haurs  | stoting the underlying couse DUE TO, OR & A CONSEQUENCE OF last.  (c) bronary artery Heart Dispase   |
| ficate in the ded to ded to as a b  | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)   |
| is certifi<br>te, writir<br>farward<br>e used a   | 190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES NO   21b. TIME OF INJURY Month, Doy, Yeor  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)   |
| this cate, are far  | WAS PERFORMED?  YES NO   |
| # 20  | 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)   |
| INER: Te certifico shauld b files. 3 shauld a shauld b files.   | CAUSE OF DEATH P.M. 19   |
|   | Total NJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County State   |
| ICAL EXA<br>execute<br>for. Page<br>ed for ya<br>CTOR: Pag<br>burial, cre   | 22a. I certify that I taak charge af the remains described above, beld an Autapsy Inspection Inspection Inquiry and in my apinian  |
| Se e schar ned ned rectar   | death resulted from: Natural causes Adident . Suicide ., Hamicide ., Undetermined manner .   |
| please e<br>I director<br>retained<br>DIRECT<br>or ta bu  | ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHIE |
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| O DEPUTY SICAL Be necessary, please exect the funeral director. Po 5 may be retained far O FUNERAL DIRECTOR: Health priar ta burial,  | EXAMINER'S BELDEN K. KEAD NI DORESS SPECIAL PLANTING OF COUNTY) SEPT. 2, 1968  |
| TO DI<br>nece<br>the<br>to FU<br>Heal   | 230 BURIAL CREMATION, REMOVAL (Specify) 23b. DATE / 8 23c NAME OF CEMPTER OR CREMATORY Causen For Via County (Stote)   |
|   | 24 FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE  |
| VR A15ME (5)<br>10M REV. 1/68   | B. Odngardy + Sons. 35/74 5 8 M. Willson DATESEP 6 1968 Jollander Judge  |



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13067 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Month Dov Yeor 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) burial-transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 hours aft 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED WIDOWED クフューカー completely filled 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY YES NO 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Ilen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no. or unknown) moth APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta has been PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO F FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) Month Doy Yeor OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical exominer) 10:2 P.M. SEPT 14 196 (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work ATTENDING 220. I certify that (I) (this hospital) attended the deceased fram 3411 / 4 , 19 61 , to 3417 / 4 19 65 , that (I) (we) last sow the deceased alive on 3417 / 4 19 65 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Rockville, Md. NAME (Type) 11125 Rockville Pike. Edward J. Feroli 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (State) BREMOVAL (Specify) 9/16/68 Gate of Heaven Cemetery Silver Spring, Md. 0 1331 RockvillogresPike 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 30M REV. 1/68 1968 Tyson Wheeler Rockville, Maryland

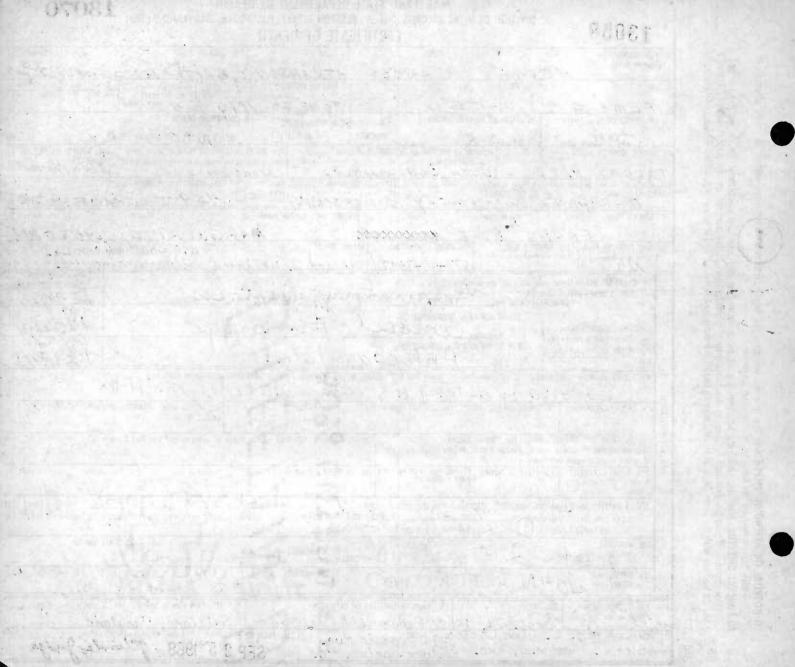


MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 13068 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR urs after death. 24 hours after deoth (Type or print) 3. SEX 4 RACE S. DATE OF IF UNDER I YEAR last birthday) DAYS MONTHS YRS. 70. BIRTHPLACE (Store or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED | WIDOWED [ 12a. USUAL DCCUPATION (Kind of work dane during most of working life, even if retired.) 10. CITY OR 10 WN OF DEATH 11. NAME OF HOSPITAL OR INSPITUTION (If not in hospital 12b. KIND OF BUSINESS OR within give street address) INDUSTRY ond in any event, 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CLTY OR TOWN certificate be executed 13b. COUNTY 15. MOTHER'S MAIDEN NAME First IGO, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) -50-56477mom cremation, or removal. 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MANUAL CAUSE (a) Myocardial infarction recent left anterior ventricle wall, recent days DUE TO, OR AS A CONSEQUENCE DE Conditions, if any, which gave ) (b) Coronary arteriosclerosis, severe, with thrombosis burial-tronsif rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) **DIRECTOR:** After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO | be detached for use State Dept. of Heolth 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. City or Town County Stote While Nat while at wark 220. I certify that (I) (this haspital) ottended the deceased fram 10 200, 19 68, ta 17 March, 19 68, that (I) (we) last sow the deceased alive on 17 days 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stoted above. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE Unn DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS O FUNERAL ANN M. NAME (Type) 300 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) SEPT. 191968 GATE OF HEAVEN 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE PUMPHREY DATE SEP



MAKTLAND STATE DEPARTMENT OF HEALTH 13069 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13057 CERTIFICATE OF DEATH 2g. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle Last within 24 hours after death (Type or print) Manth Year JPM Lillian Ashford none IF UNDER 24 HRS. popers. rug. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS DAVS HOURS 8/31/1872 Female Caucasian 9 COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED filled in I country wash., DC WIDOWED 🔀 DIVORCED [ USA Montgomery buriol, cremation, or removal, ond in ony event, within 72 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b, KIND OF BUSINESS OR during mast af working life, even if retired.) give street address). University Nurs. Home INDUSTRY pou Wheaton. 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be exacuted admission) STATE 136. COUNTY YES NO 1710 Surrey Lane, N.W. Wash.. Middle 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last pho Rebecca Terrett Jost John physicion 17. INFORMANT 16b. SOCIAL SECURITY NO. Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give wor or dates of service) Washington, D.C. Alice Bisselle APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF signed by the buriof-tronsit p Canditians, if any which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retained by the hospital or ottending physicion. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the b f Heolth prior to b **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? NO [ YES [ 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street at R.F.D. Na. OFFICE BUILDING, ETC. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while 22a. I certify that (I) (this haspital) attended the deceased fram-7 1960, an That in (my) (our) opinion death accurred on the date and hour and fram the saw the deceased olive ancauses stated obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE M. D. DEGREE ATTENDING PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) K. H. Mish. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE (County) 23a. BURIAL, CREMATION, BUTT al 9-10-68 Cedar Hill Cemetery Suitland, Md. PEGISTRAP 968 2Sb. REGISTRAR'S SIGNATURE 25a. SppY ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 300 4 DATE

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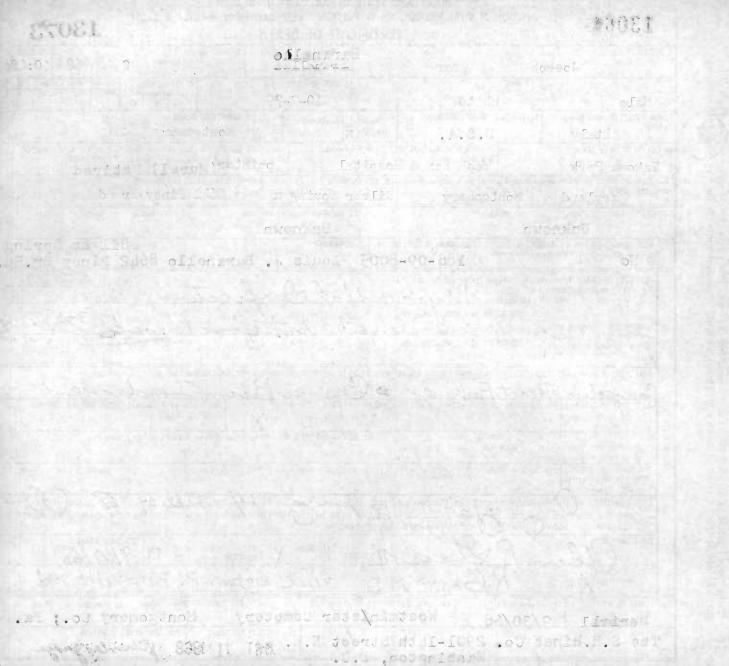


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy 2b. HOUR (Type or Print) OF ESTI-168 WALTER IMM Bailey 10:10 Page artment af 2, and 3 PM3. Pag 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR Month 10/6/21 Bpy 19 68 White Male 10:10 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Pages 1, farm O B washington D.C. Montgomery USA WIDOWED [77] DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 24 haurs after death give street oddress os Hospital during most of working life exemit cetired.) Silver Spring -employed 8. Give with th alang 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY ontgomery Sil.Sprg. YES NO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Bailey Sr. Lillian Haynes NMI Walter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS certificate shauld be executed within (Yes, no, prunknawn) wife Carol P. 2021 Lanier Dr.SSMd. 577-20-0873 farwarded to the Chief Medical Exc APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Myocardial Infarction, acute DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Years Coronary arteriosclerosis Conditions, if ony, which gove rise to immediate couse (o), execute the certificate, writing the word any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 ar remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This YES TX NO T 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE T burial, 22a. I certify that I took charge of the remains described obave, held an Autopsy XI, Inspection , Inquiry X, and in my apinian death resulted from: Notural causes X, Accident , Suicide , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may 1 ro FUNE **EXAMINER'S** John G. Ball NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Parklawn Cemetery Maryland Monta. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUI M. Andrew Dwall VR A15ME (5) Inc. 8434 Ga. Ave. S.S

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|  |               | MIAKILAND STATE DEPARTMENT OF HEALTH   |
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|  |               | 13060 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |
|  |               | CERTIFICATE OF DEATH   |
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| death<br>and<br>deoth  |               | YPE OF PRINT Blanche BALDWIN SEP-Month 140 1968 553 AM   |
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|  | 160           | WAS DECEASED EVER IN U.S. ARMED FORCES? es qo, or unknown) (If yes give war or dates of service)  17. INFORMANT Mrs. J.A. Milligar Address   |
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| equires that the deoth certific<br>physicion.<br>signed by the ottending phys<br>burial-transit permit. Then p<br>burial, cremation, ar removol,   |               | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROXIMATE INTERVAL  BETWEEN DISET AND DEATH   |
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| quires that t<br>physicion.<br>signed by the<br>burial-transit<br>burial, crema  |               | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF  |
| es<br>sicie<br>ed<br>al-t  |               | lost 3 3 / X   |
| equire<br>physic<br>signed<br>burial   |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEMTA BUT NOT RELATED TO THE LEMMINAL DISEASE OR CONDITION GIVEN IN PART (10)   |
| The low requires the attending physicion. The been signed by see as the burial-traith prior to burial, cre   |               | (i) + racking of latters (5) Subjection of Cultilaters   |
| low rending been so the ior to   | 100           | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS VERFORMED 200. AUTOPSY? 206/ IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING  |
| The I after hos se as  | F             | YES NO Z CAUSES OF DEATH?  |
| The hard   | CERTIFICATION |  |
| YSICIAN:<br>ospitol or<br>certificate<br>hed for u   |               | 21c. ACCIDENT WAS UNDERLYING    DR CONTRIBUTING   CAUSE OF DEATH   Control of Injury   |
| <b>三</b>   | MEDICAL       | (If either, notify medical examiner) P.M. 19   |
| S PHYSIC<br>the hospi<br>this certi<br>detached<br>e Dept. of  | M             | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote   |
| this the heard   |               | While of work of work  |
| TENDING PHYSICIAN: The low requires that the deoth certific ned by the hospitol or attending physicion.  R: After this certificate hos been signed by the ottending physuld be detached for use as the burial-transit permit. Then p the State Dept. of Health prior to burial, cremation, ar removol, | 1             | 22g   certify that (1) (this haspital) attended the deceased free (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1   |
| Af Pp  |               | saw the deceased alive on1919  |
| D. C.  |               | 22a. I certify that (1) (this haspital) attended the deceased from (1) (my (aur) opinion death accorded an the date and haur and from the causes stated abave (1) (we) (did) (did nat) view the bady after death.  |
| OR ATTENI<br>be retoined<br>JIRECTOR: A<br>e 3 should<br>ed with the   |               | 22K SIGNATURE ( )  |
| JA W   |               | DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS.  |
| D P P P P P P P P P P P P P P P P P P P  |               | 22d. PHYSICIAN'S 22e. ADDRESS 50 W. Edmonston Street   |
| RAI Pe   |               | NAME (Type)   Barton Gershen Rockville, Maryland   |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retoined by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to                                     | =             | TO DAY SEE TO A SEE THE SEE TH |
| E E E E E E E E E E E E E E E E E E E  | 230.          | BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL(Sperify) 9-17-68 North Star Cemetery Mt. Air. Indiana  |
| 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  |               |  |
| VR A15 (4)   | 24.           | FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland REP 18 1968  **Clarks Signature**  **Complex Current**  ** |
| 30M REV. 1/68  | L             | ROBERT A. PUMPHREY, Bethesda, Maryland DAISEP 18 1968 Charles Judge  |
|  |               |  |

TOROGE J. 5 3: The second of th The second will be a second of Second AND TOPEN TO PER THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PERSON OF THE PER Linding 25 Swaye - William No. 12 Control 5815 make the content of the content to the content of t 20 - 1 The state of the state o

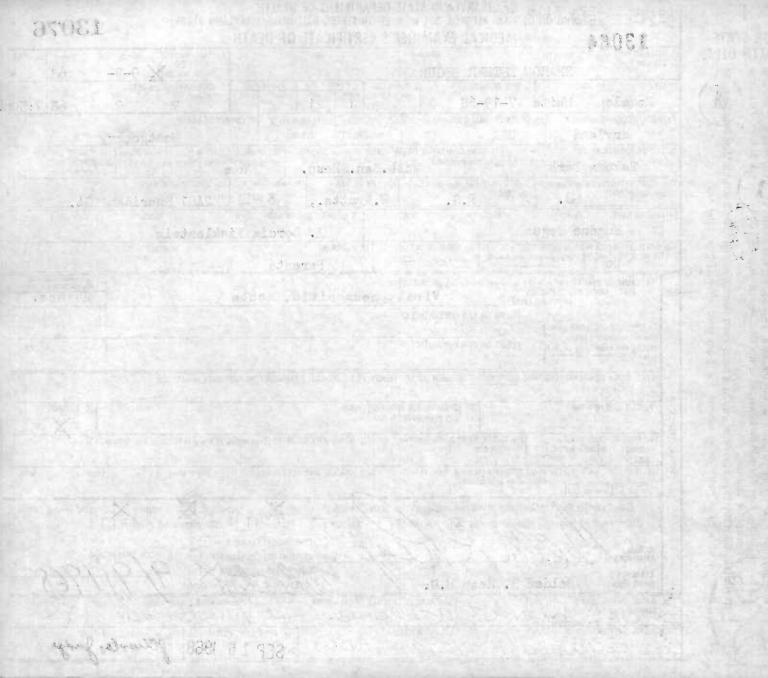


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| Land suring mo Sing to       |   |                                       | The Const                        |
| e i                          | nie.<br>Greitek<br>Good Angioek onw   | 70:12 <b>:</b>                        | 2001A                            |
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| in the first of the second   |   |                                       |                                  |

| 1  |     | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH  13075  |
|--|-----|--|
|  |     | itanes CERTIFICATE OF DEATH  |
| £ -2£  | 1.  | DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOI  (Type or print) 2b. HOI  (Type or pri |
| de de de   | L   | Hanes Deward Deall Dest to 1968 6  |
| ia 34 a  | 3.  | 15. DATE OF BIKIN 10. AGE (IN VOORS   IF UNIVER 14   |
| £ 5 9 5  |     | Temale White Bept 2 - 1882 last binholary) ANS HOURS   |
| by our   |     | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  |
| in ers.  | C   | widowed to Divorced Montgomeny   |
| n 2.<br>Illed<br>pap<br>pap<br>iin 7   | 10  | CITY OR TOWN OF BEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital / 1/20. USUAL OCCUPATION (Kind at work done 1/2b, KIND OF BUSINESS OR  |
| within 24 haurs after death tely filled in by the Luneral rban papers. Pages and 2, within 72 haus after death   | 0   | Olynosy give street address Grove toundation during most of working life even it, retired.) INDUSTRY   |
| arb art,   | 13  | 1. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER   |
| ICIAN: The law requires that the death certificate be executed within 24 pital or attending physician. Artificate has been signed by the attending physician and completely filled in a far use as the burial-transit permit. Then please remave carban paper of Health priar to burial, cremation, ar remaval, and in any event, within 72  | 10  | nission) STATE D. C. VI3b. COUNTY Washington YES INO 3730 Oliver St. n.W.  |
| A Dung   | 31  | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost   |
| in an  |     | Alexander Blewart Josephine Plant  |
| icate b  | Ī   | a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address  |
| e death certificate t<br>attending physician<br>permit. Then please<br>on, ar remaval, and   |     | Yes, no, ar unknown) (If yes give war or dates of service) John Beal 5704 Hazel Lavie - M Lean, Ve   |
| cert<br>g pl   |     | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BEDWELSHOWST AND GEAT  |
| din din  |     | PART I. DEATH WAS CAUSED BY:   |
| attendi<br>attendi<br>permit.  |     | 4 40 9 IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF   |
| if the a sit pe  | 4   | Conditions, if any, which gave)  |
| y #<br>y #<br>insi   | 1   | rise to immediate cause (a),  ctating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF   |
| d b  | 1   | stating the underlying couse Due 10, ok as a consequence of  |
| equires that the physician. signed by the burial-transit burial-transit  | -   | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULLNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |
| The law requires the attending physician, has been signed by se as the burial-traith priar to burial, cre  | -1  | 4500 Schotzaphrens   |
| aw<br>bee<br>bee<br>ar th  |     | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING  |
| YSICIAN: The law raspital or attending certificate has been thed far use as the ot. af Health priar to   | 2   | YES NOW CAUSES OF DEATH?   |
| or or or stable be   |     | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)   |
| OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate ge 3 shauld be defached far u led with the State Dept. af Heal   |     | OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year  |
| Siconomic Sicono |     | Iff either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State (County State ( |
| PHY<br>e ho<br>tacl  |     | While \( \text{Not while } \( \text{OFFICE BUILDING, ETC.} \)  |
| de the later   |     | at wark at wark  |
| Affe<br>be<br>Sto  | 1   | sow the deceased blive on Silve and the deceased blive on the date and hour and from   |
| TEN<br>Single<br>The   |     | couses stated above (1) (10) (did) (did to) view the body ofter deoth.   |
| AT Short Sho | - 1 | 22b. SIGNATURE ATTENDING MED. STAFF 22c DATE SIGNED P  |
| OR ATTENDING PH: be retained by the h DIRECTOR: After this ge 3 shauld be detacted with the State Deg  |     | DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DI |
| AL DAY   | 1   | 22d. PHYSICIAN'S CL J 220. ADDRESS JAPAN SOO INC. No. 20860  |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a directar, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and in  |     | NAME (Type) (H, L) GON PUS JAN 131 JAKING 100 COLOR  |
| HO God   | 2   | a. BURIAL, CREMATION, 23b. DATE 23. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  |
| 5 5 9 P P P  |     | REMOVA (Specify) 9/13/68 Glenwood Cemetery Washington, D.C.  FINERAL DIRECTOR THE S.H. Hines Cappages any 1250, REC'D BY REGISTRAR'S SIGNATURE.  |
|  |     |  |
| VR A15 (4)<br>30M REV. 1/68  |     | 1 2901 14th St. N.W. Washington, D.C. DATE SEP 13 1968 golovles Juige  |

1 1101 E . 8 . . . 24 lodin Tyrondy 9 Stones nowbarrots Jehrtze placeme Was all surger pour and war files

| 7 1  | Items 18&22a Film 404MARYLAND STATE DEPARTMENT OF HEALTH 9-25-68 amsDivision of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  | 3076  |
|--|--|---|
| FOR STATE  | MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | 3076  |
| HEALTH DEPT.   | 1. DECEASED NAME First Middle Last 2a. DATE KNOWN Month Day  (Type ar Print)  OF ESTI-   | Year 2b. HOUR                                 |
| Page Page  | (Type or Print)  SHARON ESTHER BEGUN  SHARON ESTHER BEGUN  OF ESTI- DEATH MATED \$9-9-  3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD   | 168 M   |
| PM3. P   | lost birrhooy) MONTHS DAYS HOURS MIN. MONTH Day Yes  | 2d. HOUR<br>7:500                             |
|  | 7a. BIRTHPLACE (State or fareign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED  9. COUNTY OF DEATH   | 19 00 17:500                                  |
| e Do   | (Guntry) Maryland USA WIDOWED DIVORCED Montgomery  | Md.   |
| death or you state De the State De   | 10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12b. KIN during most of working life, even if retired.)  12b. KIN line of working life, even if retired.)  12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  | ND OF BUSINESS OR                             |
| 1 5 B  | 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER   |   |
| Pm 0 / 3 0 //  | admission) STATE Md. 136. COUNTY P.G. W. Hyatts., YES NO 2401 Sheridan S   | t.  |
|  | 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle  | Last  |
| 4 - 8 . 8  | Eugene Begun A. Dorcia Finklestein   |   |
| d be executed within 24 rd "pending" in pencil in Chief Medical Examiner's transit permit. File pages y event within 72 haurs  | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unkagawn) (If yes give wor or dotes of service) (Yes, na, ar unkagawn) (If yes give wor or dotes of service) (Yes, na, ar unkagawn) (If yes give wor or dotes of service) (Yes, na, ar unkagawn)   |   |
| ed with period of the period o | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  | APPROXIMATE INTERVAL<br>TWEEN ONSET AND DEATH |
| be executed "pending" in iief Medical E ansit permit. F event within   | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Viral pneumonitis, acute  | 4 hrs. ?                                      |
| exo<br>end<br>f Me<br>it p   | DUE TO, OR AS A CONSEQUENCE OF   |   |
| d be<br>d "p<br>Chie<br>rrans  | rise to immediate cause (a). (b).  |   |
| should be end of the chief of t | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF  |   |
| g the sed taged taged and  | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)   |   |
| iffica<br>iting<br>arde<br>d as<br>al, a   | 8 492 X  |   |
| This certificate should toate, writing the word be farwarded to the Ch be used as a burial-tra   | 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Yeor 211. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)  | YES NO  |
| # 7 3  |  |   |
| INE<br>e ce<br>shau<br>files<br>3 sha  | PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. No. City or Town Count   | y State                                       |
| KAM<br>te the<br>te the<br>dur<br>age<br>crem  | WHILE AT WORK AT WORK factory, affice building, etc.)  |   |
| Tio Rail   |  | nd in my opinion                              |
| ose e<br>rectal<br>jined<br>IRECT<br>to bu   | death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined marmer  |   |
| TY DIC.  | ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SIGNED   |   |
| UTY<br>Dary,<br>De be<br>ERAI  | SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  OFFICE OF THE STORY OF THE  | 1010  |
| TO DEPUTY DICA necessary, please e the funeral director 5 may be retained TO FUNERAL DIRECT Health prior to bu   | NAME (Type) Belden R. Reap M.D. (hopessaling)  | 160   |
| 10<br>10<br>10<br>He   | 230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County BREMOVAL (Specify) 9-11-68 DATE MEMORIAL TARK FALLS CITURALLY   | (State)                                       |
| WD A15MF IE  | 24. FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR  25b. REGISTRAR'S SIGNATURE  CONTROL OF THE PROPERTY OF | RE  |
| VR A15ME (5)<br>10M REV. 1/68  | GOLDOCKGFOURALHOME 4217914ST.N.W DAISEP 1 6 1968 Schools   |   |



|                   | 13065   | DIVISION OF V  | ITAL RECORDS,             | 301 W. PRESTON STRI<br>CERTIFICATE OF I | EET, BALTIMOR<br>DEATH | E, MARYLAND 212   | 130           | 77.                     |                                |
|-------------------|---|--|---------------------------|---|------------------------|---|---------------|-------------------------|--------------------------------|
|                   | SED-NAME<br>ar print)                         | First  | Middle                    | Lost                                    | 2a.                    | DATE OF DEATH<br>Manth  | Doy           | Yeor                    | 2b. HOUR                       |
|                   | Es  | sther (no mi   | ddle name                 |   |                        | 9   | 4             | 68                      | 8 P M                          |
| 3. SEX            |   | 4. RACE  |                           | S. DATE OF BIR                          |                        | 6. AGE (in year<br>last birthday)                             | MONTH         |                         | IF UNDER 24 HRS.<br>HOURS MIN. |
|                   | nale  | Cauca  |                           |   | 2/1888                 |   | YRS.          |                         |                                |
| (a. BIRTI         | HPLACE (Stote or foreign                      | Mary Mary Mary Mary Mary Mary Mary Mary                    | I COUNTRY?                | 8. MARRIED NEVER MARR                   | IED .                  | UNTY OF DEATH   |               |                         |                                |
| Ruma              |   | USA  | T OF HOSPITAL OR IN       | WIDOWED DIVORC                          |                        | Montgomery  | I Iso         | WIND OF T               | Md.                            |
|                   | or town of DEATH<br>leaton                    | give str   | eet address)<br>Versity A | STITUTION (If not in hospital           | during most of         | UPATION (Kind of work<br>working life, even if reti<br>emaker | red.)         | b. KIND OF BU<br>DUSTRY | TRINE22 OK                     |
| admissia          | AL RESIDENCE (Where on STATE                  | deceosed lived, if institution<br>13b. COUNTY<br>11 Ontgom | n: Residence before       | 13c. CITY OR TOWN                       | A. INSIDE CITY LIMITS? | 13e. STREET AND NUMB<br>513 Unive                             | ER            | Blvd.                   |                                |
| 14. FATH          | ER'S NAME First                               | Middle   | Lost                      | 15. MOTHER'S MAI                        | DEN NAME First         | Mid   | dle           |                         | Last                           |
|                   | ppa Hersh                                     | (middle nar  |                           |   | U                      | Inknown   |               |                         |                                |
|                   | S DECEASED EVER IN U. o, or unknown)   (If yo | es rive war or dates of service)                           | 6b. SOCIAL SECURITY       |   | -                      | Addr  |               | -                       |                                |
| no                | )   | 7  | 13-54-650                 | 6 Garlick                               | Funera                 | .1 Home, E  | ronx          |                         | Y .                            |
| 1B.               | CAUSE OF DEATH (En                            | ter anly one cause per line                                | far (o), (b), ond (c)     | .) 17                                   | 1011                   | 6000  | -             | BETWEEN ONS             | SET AND DEATH                  |
| 4 2               | PART I. DEATH WAS                             |  | eraior                    | ascertar                                | Cecc                   | yroc  |               | 1-70                    | days                           |
|                   | nditions, if ony, which                       | DUE TO, OR AS  | A CONSEQUENCE OF          | c. Ada de                               |                        | 2 4.  | 1             | 1-0                     | n                              |
|                   | ta immediate couse                            | (0)  | धाया हि।                  | ic flownoin                             | ( een one              | 16/ Storuse   | Ch            | 00                      | 110.                           |
| sta<br>las        | ting the underlying c                         | DUE TO, OR AS  | A CONSEQUENCE OF          |   |                        |   | 75.0          |                         |                                |
|                   |   | (c)  | NC TO DEATH DUT A         | OT RELATED TO THE TERMINAL              | DISEASE OF CONDIT      | ION CIVEN IN DADT 1/a)  |               |                         |                                |
|                   | 51 X PO                                       | ST CONDITIONS CONTRIBUTIONS                                | Au o                      | mua                                     | DISEASE OF COMPIL      | ION OIVEN IN PART I(U)  |               |                         |                                |
| CERTIFICATION 130 | . DATE OF OPERATION                           | 19b. CONDITION FOR WHIC                                    | H OPERATION WAS PI        |   | 5Y2                    | 20b. IF YES, WERE FIND  | INGS CONSIDE  | FRED IN CER             | TIFYING                        |
| FICA              | Am 68   | (00 D) S   | tomac                     | 4                                       | NO 🔀                   | CAUSES OF DEATH?  |               |                         |                                |
|                   | ACCIDENT WAS UND                              | ERLYING 216 TIME OF I                                      | 1 -                       |   |                        | e of injury in Part 1 ar P                                    | ort 2, Item 1 | B.)                     |                                |
| MEDICAL 3         | OR CONTRIBUTING CAUSE either, notify medical  | OF DEATH HOUR A.M.   | Month Day Year            | 9                                       |                        |   |               |                         |                                |
|                   | d. INJURY OCCURRED                            | 21e. PLACE OF INJURY                                       |                           | CTORY.) 21f. LOCATION Street            | or R.F.D. No.          | City or Town  | Cau           | Inty                    | State                          |
| W at v            | hile Not while at wark                        | 10   | PERIOD BUILDING, EIC.     | 1                                       |                        | 0/  | 11            |                         |                                |
| 22                | a. I certify that (                           | ) (this haspital) atter                                    | ded the deceas            | ed from Thu                             | K, 1961,               | to_ 9/4   | , 1960        | _, that (               | (I) (we) last                  |
|                   | saw the deceas                                | ed alive an  | 114                       | and that in (my                         | ) (aur) apinian        | death occurred an t   | he date ar    | nd haur ar              | nd fram the                    |
| 201               | cooses stated a                               | ibave, (1) (we) (did) (6                                   | lia nat) view the         | bady after death.                       |                        |   | 22. DATE S    | CICNED :                |                                |
| 228               | les in  | mo 12 EN   | Moen,                     | DEGREE PHYS                             | MED.<br>DIRECTO        | R STAFF PHYS.   | 22c. DATE S   | 4/1                     | 0                              |
| 220               | PHYSICIAN'S                                   | 16/1. 1/1.   | evi_                      | DEGREE PHYS.  22e. ADDR                 | FSS 7 114-1            | 257   | 7/            | 7/00                    | ,                              |
|                   | I. PHYSICIAN'S<br>NAME (Type)                 | erome Epstei   | n,M. D.                   | 2.02                                    | 1 8t.,                 | NW, Washing   | gton, I       | DC                      |                                |
| 23g. BU           | RIAL, CREMATION.                              | 23b. DATE  |                           | CEMETERY OR CREMATORY                   |                        | LOCATION (City or Town  |               | unty)                   | (Stote)                        |
| BU                | MOYAL(Specify)                                | 9-6-1968   |                           | Hebron Ceme                             |                        | lushing   |               | N.                      |                                |
| 24. FUN           | ERAL DIRECTOR                                 |  | ADDRES:                   |   | 2Sa. REC'D BY REG      | ISTRAR 2Sb. REGIS   | TRAR'S SIGNA  | ATURE                   |                                |
| 504               | DRERGHUN                                      | ERALIKME 4   | 217 9774                  | STNW.                                   | DATE SEE               | 6 1968  | Mila          | near &                  | udge.                          |

MAKILAND STATE DEPAKTMENT OF REALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13066 CERTIFICATE OF DEATH John. 1. DECEASED-NAME Middle 2a. DATE OF DEATH the funeral ages 1 and 2 s after death. Berkey 24 hours after death (Type or print) 3. SEX Male 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR by IIII. White last birthday) HOURS July 23. 1887 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED (auntry) Montgomery U.S.A. WIDOWED DIVORCED [ and in any event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Jakoma Park Give street address San & Hospital during most of working life, even if retired.) remave carban 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed 13b. Montgomery Silver Spg. 104 Park Valley Dovos Road YES 😿 NO T 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Amos Berkeu 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, ar unknown) burial, cremation, ar remaval, 190-05-3375 Margaret Weaver 104 kooboc Park attending phy permit. Then 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) Acute peritonitis 4 days DUE TO, OR AS A CONSEQUENCE OF signed by the a burial-transit pe days Canditions, if ony, which gave ) (b) Peptic ulcers. (2), with perforation of rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF 1 into greater abdominal stoting the underlying couse cavity. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the Generalized arteriosclerosis. has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YESX NO [ Yes. TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from Sept. 23, 1968, ta Sept. 249.68, that (I) (we) last saw the deceased give an Sept. 23, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the directar, page 3 shauld shauld be filed with the causes stated abave, (1) (30e) (did) (did)aat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR Sept. 24,1968 DEGREE 22e. ADDRESS S. Tidler, M.D. NAME (Type) Harold 9801 Georgia Ave., Sil. Sp., Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION. (County) Richland Cemeteru Geistown Penna. 9-27-1968 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 DATE SEP 2 1968 Pumphrey, Inc. 8434 Ga. Ave. S. S. Md.

See 2 10 11:30 , 2 G, The solution of the solution o 19 - 1-3000 secretaria aguara estados a la falla de la eldinoticam admakum 2000 To be identicated at its (2), and in principle of a contract of the contract o .giaovalocoigatua hasileyara The course of th eng darale S. 19der, M.D. phot degrees ave., Sil. up., Me war oo to haaren burn burn oo was har sall a see a war sall was sall been sall war sall war sall see sall sall

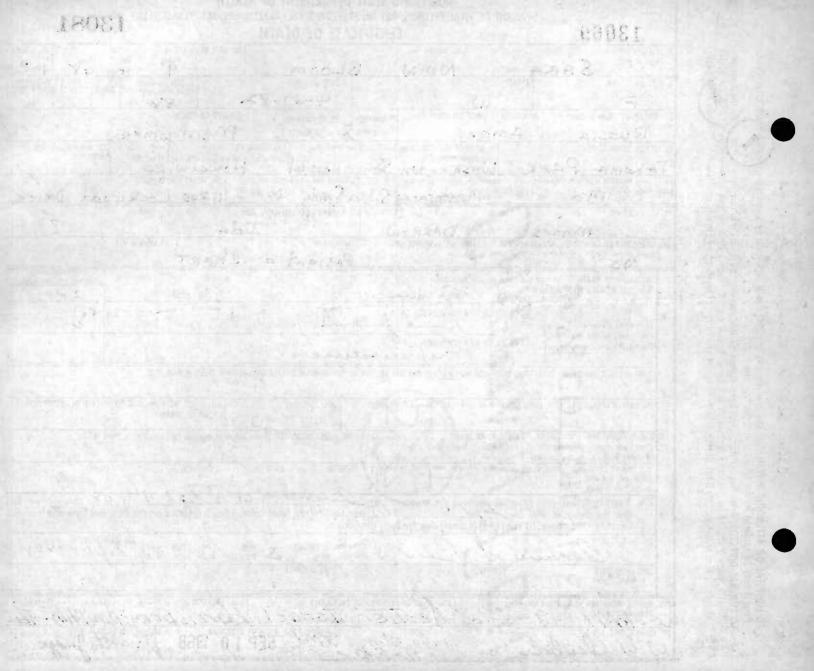
| 1  |           | 13067 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   | 13079   |
|--|-----------|---|---|
| and 2<br>death.  | (1        | CEASED-NAME ANDREA J. BERTORELLI 20. DATE OF DEATH  Month Doy  9 14   | Yeor ( S & ) ( ) P                                    |
| y the Pages 1<br>Dages 1<br>urs after  | 3. SE.    | male white 14-11-1895 loss birthdoy) YRS.   | IF UNDER 1 YEAR 1F UNDER 24 HRS MONTHS DAYS HOURS MIN |
| Med in by the run<br>papers. Pages 1 o   | coun      | IRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol   12o. USUAL OCCUPATION (Kind of work dane   11. NAME of Hospital or institution (If not in hospitol   12o. USUAL OCCUPATION (Kind of work dane   12o. USUAL | N 129. KIND OF BUSINESS OR                            |
| carbon<br>ent, with  | 130.      | USUAL RESIDENCE (Where deceased liver) it institution, Residence herors 1/32 (CITY OR TOWN 134 INSIDE CITY UMITS? 1/36 STREET AND NUMBER  | INDUSTRY FOOD   |
| remave<br>rang eve   |           | ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  | Lost  |
| as been signed by the attending physician and campletely filled as the burial-transit permit. Then please remave carb <del>on p</del> appriar to burial, crematian, or remaval, and in any event, within | 160.<br>Y | WAS DECEASED EVER IN U.S. ARMED FORCES?  85, no. or unknown)  17. INFORMANT TOA BRUGNOLI Address  5780104821 1401 QUEBEC SI. HYATTS VI  |   |
| nding ph<br>iit. Then<br>or remav  |           | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) RESPIRATORY ARREST, CON MARCOSIS, RESP. ACIDOSI  | APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH          |
| the atte<br>isit perm<br>matian,   |           | Canditions, if any, which gave rise to immediate rause (a)  | 120 YEAR  |
| gaed by<br>undi-tran<br>rrief, cre   |           | stoting the underlying cause   DUE TO, OR AS A CONSEQUENCE OF    ast  | LSO YEAR  |
| se as the but prior to but   | ATION     | 24/X 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CO  | ONSIDERED IN CERTIFYING                               |
| Health pi  |           | YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 10 CONTRIBUTING 1 CAUSE OF OEATH 11 HOUR A.M. Month Doy Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 11  | tem 18.)  |
| State Dept. af Health  | X         | (If either, notify medical examiner) P.M. 19  21d. INJURY OCCURRED Not while Of work OFFICE BUILDING, ETC. 19  21d. INJURY OCCURRED Not while Of work OFFICE BUILDING, ETC. 19  21d. INJURY OCCURRED Not while Office BUILDING, ETC. 19  21d. INJURY OCCURRED Not work 19  21d. INJURY OCCURRED Not   | County State  |
| the State I  |           | 22a. I certify that (I) (this hespital) attended the deceased fram 2/25, 1959, ta 9/14, 1995 saw the deceased alive an 1968, and that in (my) (vor) apinian death accurred an the date causes stated abave, (I) (we) (did) (did nat) view the bady after death.   | te and haur and fram th                               |
| e s snauried with th   |           | 22b. SIGNATURE  HELLY R. W. DEGREE ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.   | 9/15/68   |
| director, page 3 shauld<br>shauld be filed with the  |           | 22d. PHYSICIAN'S NAME (Type)  22e. ADDRESS  22e. ADDRESS  |   |
| SUOIS  | 3         | BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 9-18-68 MT-OLIVET CEM. WASL. D.   | (County) (State)                                      |
| 5 (4)<br>V 1/68  |           | FUNERAL DIRECTOR  ADDRESS  250. REGISTRAR  25b. REGISTRAR'S  CED 1 7 1988   | SIGNATURE   |

orner the experience with the pro-the state of the s 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13068 13080 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 2o. DATE OF DEATH 2b. HOUR be executed within 24 hours after death (Type or print) Rentha Year Blacas 1968 in <del>and co</del>npletely filled in by the fun-se remove carbon popers. Pages 1 c d in any event, within 72 hours after d 3. SFX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF UNGER 1 YEAR IF UNDER 24 HRS. lost birthdoy) OAYS SHTROM HOURS April 24, 1880 White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED T DIVORCED [ Montagnery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES IN 305 Ellsworth Drive NO physician en oleone remov 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Paubengayer aroline Bahrmiller requires that the death certificate 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. 17. INFORMANT Address Yes, no, or unknown) burial, cremotion, or removal, 215-48-5188 Ellsworth Drive Mrs. Paul Blaess 305 signed by the ottending phy burial-tronsit permit. Then 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Congestive heart failure 48 hrs IMMEDIATE CAUSE (o) AS A CONSEQUENCE OF arteriosclerotic advanced associations DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a). Poge 4 moy be retained by the hospitol or attending physicion. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse vascular disease 4 425 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NON TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work causes stated above, (I) (ve) (did) (did) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR Sept. 1968 PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Colesville Rd. Sil. Harmon M.D. NAME (Type) Frnest 9301 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE (Stote) (County) REMOVAL (Specify) 1968 Bethlem Cemetery Ann Arbor Andrew Diwall Mans Sour David 250. REC'D BY REGISTRAR Pumphrey Inc. 8434 Ga. Ave. S.S. Md. DATESEP 25 VR A15 (4) 30M REV. 1/68

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| 1 1           |   | MARYLAND DIVISION OF VITAL RECORDS, 30                                   | STATE DEPARTMENT OF                | HEALTH<br>TIMORE MARYLAND 21201                |                                    |
|---------------|---|--|------------------------------------|--|------------------------------------|
| 1             | 13069   | CE   | RTIFICATE OF DEATH                 | -  | 13081                              |
| ±2            | 1. DECEASED-NAME Fire   | t Middle   | Lost                               | 2a. DATE OF DEATH                              | 2b. HOUR                           |
| rates 1 and 2 | (Type ar print) SAR   | A NMN  | BLoom                              | Month Do                                       | t G8 10P M                         |
| 2             | 3. SEX  | 4. RACE  | S. DATE OF BIRTH                   | 6. AGE (In years last birthday)                | IF UNDER 1 YEAR   IF UNDER 24 HRS. |
|               | F   | W  | 4-17-8                             | 86 YRS.  |                                    |
|               | 7a. BIRTHPLACE (State ar fareign cauntry)                     |  | MARRIED NEVER MARRIED              | 9. COUNTY OF DEATH                             |                                    |
|               | Country R USS A   | 11. NAME OF HOSPITAL OR INSTIT   | WIDOWED DIVORCED 120 USL           | Montgomer<br>JAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR           |
| 71            | TAKOMA PA   | nive street address)   | San & Harrida during n             | nast of warking life, even if retired.)        | INDUSTRY                           |
|               | 13o. USUAL RESIDENCE (Where dece                              | ased lived, if institution: Residence befare 1                           | 3c. CITY OR TOWN 13d. INSIDE CITY  | LIMITS? 13e. STREET AND NUMBER                 | , ,                                |
| 9             | odmission) STATE md.  | 13b. COUNTY Montgomery   | Silver Speins YES N                | 10 11200 Lock                                  | wood Drive                         |
| 1             | 14. FATHER'S NAME First                                       | Middle Lost (  | 15. MOTHER'S MAIDEN NAME           |  | Lost                               |
|               | M03   |  |                                    | Ida  | ?                                  |
|               | 100,110,0101111111111111111111111111111                       | RMED FORCES?   16b. SOCIAL SECURITY NO.                                  | 17. INFORMANT                      | Address  |                                    |
| ŀ             | 18 CAUSE OF DEATH (Finter of                                  | only one couse per line for (a), (b), and (c).)                          | TATION 1                           | CK(+(C·  | APPROXIMATE INTERVAL               |
| П             | PART I. DEATH WAS CAUS  | ED BY:  HATE CAUSE (a)  Wrenner  |                                    |  | BETWEEN ONSET AND DEATH            |
|               | 403 X   | DUE TO, OR AS A CONSEQUENCE OF   | ,                                  | TO SHE WAS A STREET                            |                                    |
|               | Canditians, if any, which gave<br>rise to immediate couse (a) |  | failure                            |  | 2 weeks                            |
|               | stating the underlying cous                                   |  | 0                                  |  |                                    |
|               | lost.   | (c) regime   | DELATED TO THE TERMINAL DISEASE OF | CONDITION OWEN IN DARK 1/ 1                    |                                    |
|               | 1111111   | ONDITIONS CONTRIBUTING TO DEATH BUT NOT                                  | KELATED TO THE TERMINAL DISEASE OR | CONDITION GIVEN IN PART I(0)                   |                                    |
|               | 190. DATE OF OPERATION 19                                     | o. CONDITION FOR WHICH OPERATION WAS PERFO                               | DRMED 20a. AUTOPSY?                | 20b. IF YES, WERE FINDINGS                     | CONSIDERED IN CERTIFYING           |
|               | E I   |  | YES NO                             | CAUSES OF DEATH?                               |                                    |
|               |   |  | 21c. HOW INJURY OCCURRED (Ent      | er nature af injury in Port 1 ar Part 2,       | , Item 18.)                        |
| 1             | (If either, notify medical exor                               | niner) P.M. 19   |                                    |  |                                    |
| 1             | 21d. INJURY OCCURRED 21<br>While Not while                    | e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC. | 21f. LOCATION Street or R.F.D. N   | a. City or Town                                | County State                       |
| -1            | of work of work   | his harded the decreed   | From 12 10 10                      | 68 to 1 1 1 1 1 10                             | 0 (-8 that (1) () l                |
|               | saw the deceased  | his haspital) attended the deceased olive an                             | and that in (my) (our) op          | pinian death accurred on the d                 | lote and hour and from the         |
| Ч             | causes stated aba   | ve, (I) (we) (did) (did nat) view the bo                                 | dy after death.                    |  |                                    |
|               | 22b. SIGNATURE  | 1 Sind   | DEGREE PHYS                        | MED. STAFF 22c.                                | Lefet 4, 1968                      |
|               | 22d. PHYSICIAN'S  | we x. Just   | DEGREE PHYS. 22e. ADDRESS          | DIRECTOR L. PHYS. L.                           |                                    |
|               | NAME (Type)   |  |                                    |  |                                    |
|               |   | . DATE 23c. NAME OF CE   | METERY OR CREMATORY                | 23d. LOCATION (City or Town)                   | (County) (State)                   |
|               | REMOVAL (Specify)   | 9-5-68 1854  | er Israel                          | Harrisburg-                                    | -Dauhhin- Ta                       |
|               | 24. FUNERAL DIRECTOR  | ADDRESS<br>1400 Q  | legue SPM 250. RECD                | P 1 0 1968 REGISTRAR                           | 'S SIGNATURE                       |
| - 1           | Ul-Ul LEGANIE   | MA. CO   | DATE OF                            |  | 1                                  |



|   | MARYLAND STATE DEPARTMENT OF HEALTH  |
|---|--|
| Jan Harrison  | 13070 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |
| # !   | 13070 CERTIFICATE OF DEATH 13082   |
| ± -2 ±  | 1. DECEASED-NAME First • Middle Lost 20. DATE OF DEATH 2b. HOUR.   |
| er death.   | (Type or print) PAULINE S. BOHLER SEPTEMBER DOY 8 YEOTIGUS 35 M  |
| for for   | 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yeors I FUNDER 1 YEAR I IF UNDER 24 HRS.  |
| E 2 8 5   | FEMALE CAUCASIAN FEB. 23, 1893   OST DITTHOUGH POURS MIN.  |
| by by   | 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  |
| 24 haurs after ed in by the fur appers. Page in 72 hour affer   | COUNTRY GERMANY U.SA, WIDOWED DIVORCED MONTGOMERY Md.  |
| n par   | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR  |
| # 15 × 68   | SILVER SPRING give street oddress HOSPITAL during most of working life, even if retired.) INDUSTRY   |
|   | 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER   |
| camplet can ye event,   | Odmission) STATE TERSEY 13th. COUNTMORNOUTH W. BELMAR YES NO 1102 CURTIS AVENUE  |
| and carriemave in any ev  | 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost   |
| be de re  | Herwan Eberle Unknown  |
| requires that the death certificate be executed g physicion. n signed by the attending physicion and cample e burial-transit permit. Then please remave to burial, crematian, ar removal, and in any even   | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown   1 (If yes give war or dotes of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   17705 Addrestee Later   Dr.  |
| tific<br>hys<br>n p<br>val,   | Oscar A. Behler Asaten Ma. 20702   |
| th certifi<br>ling phy<br>Then<br>remova  | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROXIMATE INTERVAL ENTWEN ONSET AND DEATH   |
| eath<br>endir<br>nit.<br>ar re  | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CERCETS RO VASC V LAR SECIDENT 2 WOELD  |
| afte<br>errr<br>an, c   | 1/1 2 4  |
| the the ation   | Conditions, if ony, which gove)  |
| that<br>n.<br>oy t<br>ans   | rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF  |
| es t<br>sicio<br>ed 1<br>al-tr  | $lost.  44.3 \times $ (c)  |
| equires that the d<br>physicion.<br>signed by the att<br>burial-transit peri<br>burial, crematian,  | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)  |
| law rending   been s the t  | 2 DIABETET MELLINIS  |
| IAN: The law rall of an attending icate has been far use as the Health priar to   | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)  |
| The latter has se as  | YES NO # CAUSES OF DEATH?  |
| ar are  |  |
| YSICIAN: The aspital ar att certificate ha certificate ha i.hed far use ot. af Health p   | OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Yeor   (If either, notify medical examiner)   P.M.   19   |
| NDING PHYSICIAN: Ted by the haspital ar After this certificate d be detached far u e State Dept. af Hea   | 21d. HOOK! OCCORRED   216. PLACE OF HOOK!   12 many many many many many many many many   |
| he he this leta   | While Not while of work of work of work  |
| by t<br>ffer<br>ffer<br>be o<br>State   | 22a. I certify that (I) (this haspital) attended the deceased from 1900, ta 7/1, 1900, that (I) (we) last  |
| ed le   | saw the deceased alive on 1960, and that in (my) (60) opinion death accurred an the date and haur and fram the causes stated above, (1) (40) (414) (41 |
| ATTER<br>etaine<br>CTOR:<br>should  | 22b. SIGNATURE 22c. DATE SIGNED  |
| OR ATTENDING be retained by th DIRECTOR: After 1 ge 3 should be d led with the State  | DEGREE PHYS. DIRECTOR |
| N DIR   | 22d PHYSICIAN'S () 4- (2) (2) (2) ADDRESS SILVER SORVING   |
| may be riled of post of the control | NAME (Type) IN COLDENBERGE 9801 COONGET A MANY COND  |
| Page 4 may be retained by the haspital ar attending physicion.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-trar shauld be filed with the State Dept. af Health priar to burial, cre   | 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)   |
| Pag Pag dire  | Neptune New Jersey   |
|   | 24. FUNERAL DIRECTOR 27 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE   |
| VR A15 (4)<br>30M REV. 1/68   | Francis H. Barber Leytensville, Md. DATE SEP 10 1968 Acharles Judge  |

521. .. 1. 5.1 PAPERANE S BOYLER SENTENDER & THE FEMACIE CAUCASINA FEB.23,1813 75 MONTEOMERY CERTAIN ! SILVER SPUNIS HOLY CROSS HOSPING HOUSEDINES personal transports in second to the second transports of the second transport of the second transports of the second transports of the second transports of the second transports of the second transport of the second trans street reare Primary The rest in seer a robler sutton de go verset. 9 1993 ... istrone: attorno. Fort 9 ... iersey Frencis is warber Latersville, ad. Spring 1909

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13083 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR 24 haurs after death hours after death. the funeral and (Type or print) Month Sept. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost, birthdoy) DAYS HOURS MONTHS! 1896 Sept. 27. YRS. 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Montgomery DIVORCED [ WIDOWED [ U.S.A. N.C. 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street oddress)
Washington Sanitarium during most of working life, even if retired.)
Retired **INDUSTRY** Takoma Park, Md. burial, crematian, or remaval, and in any event, petinexe and complet remove car 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Jab. COUNTY YES 😿 NO \_\_\_ 521 12th Street, N. E. Wash. 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle John Boone Clara attending physician sermit. Then please requires that the death certificate 16b. SOCIAL SECURITY NO. Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give wor or dates of service) Yes, no, or unknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram..... saw the deceased alive an 36 1964, and that in (my) (our) apinion death accurred an the date and haur and fram the causes stated abave, (1) (we) (did nat) view the body after death. 22b. SIGNATURE **ATTENDING** DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Henry G. Hadley, M. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) Prince George, Md. Harmony Memorial Park 10-2-68 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTPAR'S SIGNATURE VR A15 DATEOCT 1968 tome-3015-124 30M REV

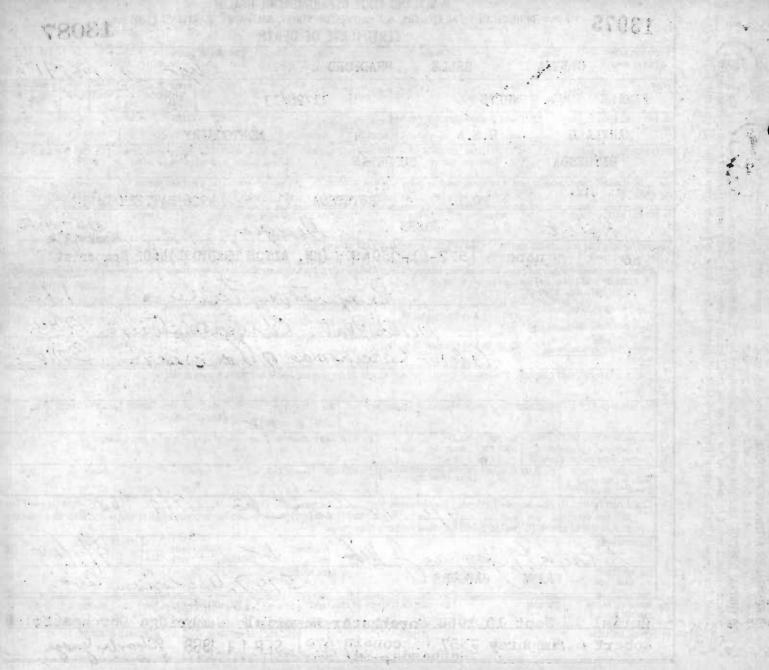
from a company that will be written as a second with the second of the s BARRY L ne late man to a line of the second of Enriched ... 10 Page 1 Varcous Memorial Park | Prince Crosser Hd. 

|   |               | CEASED-NAME First  |   | Middle   | Lost                                   | 2a. DATE (                 |                                       |                             | 2b. HOUR                      |
|---|---------------|--|---|--|--|----------------------------|---------------------------------------|-----------------------------|-------------------------------|
|   | (1            | ype or print) KATI   |   | 5.   | BORNSTEIN                              | 40                         | Month Sept. 3                         | Pay Year 1968               | 6PMM                          |
|   | 3. SE         | Х  | 4. RACE                                 |  | S. DATE OF BIRTH                       |                            | 6. AGE (In years last birthday)       | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS.<br>HOURS MIN |
|   |               | Female   | Caucas                                  |  | Jan. 10,                               |                            | 76 YR                                 |                             |                               |
|   | caun          | IRTHPLACE (State or foreign<br>try)<br>Austria                   | 76. CITIZEN OF WHAT                     | WID  | ARRIED NEVER MARRIED DIVORCED DIVORCED |                            | tgomery                               |                             | Md                            |
| 0 | 10. C         | ITY OR TOWN OF DEATH Silver Spring.                              | give stre                               |  | Convalescent duri                      | ng mast of warkin<br>House |                                       |                             | BUSINESS OR                   |
| 5 |               | USUAL RESIDENCE (Where deceders ssion) STATE Maryla              | sed lived, if institution               | n: Residence befare   13c.                               | CITY OR TOWN 13d. INSIDE               | CITY LIMITS? 13e.          | STREET AND NUMBER                     | 444444                      | e/AWd                         |
|   | 14. F         | ATHER'S NAME First   | Middle                                  | last   | IS. MOTHER'S MAIDEN NA                 |                            | Middle                                | 214C.                       | Lost                          |
|   | 1/            | Nathar   |   | Smith  | Rebecc                                 | a                          | (1)                                   |                             | usworth                       |
|   | 16a.<br>Y     | WAS DECEASED EVER IN U.S. AR<br>es, na, ar unknawn) (If yes give | MED FORCES?<br>war or dates of service) | 6b. SOCIAL SECURITY NO.                                  | 17. INFORMANT<br>Alfred Borr           | nstein,                    | Son, 7 there's                        | Bathasd                     | a Md.                         |
|   |               | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE             | nly ane cause per line                  | far (a), (b), and (c).)                                  |  |                            |                                       | BETWEEN ON                  | SET AND DEATH                 |
|   |               |  | ATE CAUSE (a)                           | C, V, A  |  |                            |                                       | 2114                        | 30min                         |
|   |               | Canditians, if any, which gave                                   |   | A CONSEQUENCE OF.  | arteriosch                             | Bionis                     |                                       | Luke                        | Arton                         |
|   |               | rise ta immediate cause (a),                                     | (b)                                     | A CONSEQUENCE O  | aneriosca                              | croses                     |                                       | 0.00                        | W/L                           |
|   |               | stating the underlying cause last.                               | (c)_                                    |  |  |                            |                                       |                             |                               |
|   |               | PART 2. OTHER SIGNIFICANT CO                                     | NDITIONS CONTRIBUTION                   | IG TO DEATH BUT NOT REL                                  | ATED TO THE TERMINAL DISEAS            | E OR CONDITION GIV         | /EN IN PART 1(a)                      |                             |                               |
|   | NO            | 331x arten   | scleratic                               | Heart L  | Disease                                |                            |                                       |                             |                               |
| 2 | CERTIFICATION |  |   | 1 OPERATION WAS PERFORN                                  |  | 20b.<br>CAUS               | IF YES, WERE FINDING<br>SES OF DEATH? | S CONSIDERED IN CEI         | RTIFYING                      |
|   |               | 21a. ACCIDENT WAS UNDERLY  |   | NJURY<br>Manth Day Year                                  | 21c. HOW INJURY OCCURRED               | (Enter nature of in        | jury in Part 1 or Part                | 2, Item 18.)                | 6 V                           |
|   | MEDICAL       | (If either, natify medical exam                                  | iner) P.M.                              | 19   |  | 5 11                       |                                       |                             | 6: :                          |
|   |               | 21d. INJURY OCCURRED 21e<br>While Nat while at wark              | PLACE OF INJURY (A                      | T HOME, FARM, STREET, FACTORY, )<br>FFICE BUILDING, ETC. | 21f. LOCATION Street or R.F.           | v. Na. Ci                  | ty or Tawn                            | County                      | State                         |
|   |               | 22g   certify that (1) (4  | ric bacaital) otton                     | ded the deceased fr                                      | om Oct 1                               | 1967 to S                  | ent 30                                | 1968 that                   | (I) (aua) Inc                 |
|   |               | 22a. I certify that (I) (saw the deceased                        | live an Sept                            | 30 1968  | , and that in (my) (our                | opinion deoth              | occurred on the                       | dote and hour o             | and from the                  |
|   |               | couses stoted obov   | e, (I) (we) (did) (d                    | id not) view the body                                    | otter death.                           |                            | Loc                                   | O. DATE CICALED             |                               |
| 7 |               | 22b. SIGNATURE   | HITM                                    | aun  | DEGREE PHYS.                           | MED. DIRECTOR              | STAFF                                 | 2c. DATE SIGNED             | 1968.                         |
| 1 |               | 22d. PHYSICIAN'S   | 11-1/6                                  | ecurc  | 22e. ADDRESS                           | DIRECTOR -                 | 1113.                                 | 24 30                       | 1100.                         |
|   |               | NAME (Type) A 7  | raum                                    |  | 8237                                   | Georgia A                  | Avenue, Si                            | lver Spr                    | ing, Md                       |
|   | 23a.          |  | DATE<br>0/3/68                          | 23c. NAME OF CEMET                                       |  |                            | TION (City or Town)                   | (County)                    | (State)                       |
|   |               |  |   |  |  |                            |                                       |                             | 1                             |
|   | 24            | Burial FUNERAL DIRECTOR  | 0/ 3/ 00                                |  | e Memorial F                           | EC'D BY REGISTRAR          | Aiami Be                              |                             | 2                             |

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120113085 CERTIFICATE OF DEATH Middle DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 3. SEX S DATE OF BIRTH 6 AGE (In years 4 RACE IF UNGER 1 YEAR last, birthday) event, within 72 haurs at lus YRS. 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED requires that the death certificate be executed within 24 hau WIDOWED DIVORCED [ nontamera 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY admission) STATE YES [ crematian, ar remaval, and in any 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First McQueenev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Coron BETWEEN ONSET AND DEATH Coronary insufficiency IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Carcinoma, prostate; gastro-jejunostomy, anterior, post 3 years O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 3/13 9/3 1962, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on\_\_\_\_ causes stated above, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 9/10/68 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) zHoly Cross Cemetery Brooklyn, New York 24 FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home 1331 Rock. Pike DASEP 1968 30M REV, 1/68

|  | 1             | MARILAND JIAIL DEFARITMENT OF HEALTH   |      |
|--|---------------|--|------|
|  | -             | 13074 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13086  |      |
| The state of the s |               | 13074 CERTIFICATE OF DEATH   |      |
| بر 2 بر  |               | ECEASED-NAME , First Mijddle Lost 2a. DATE OF DEATH 2b. HOL  | JR   |
| death.   | (             | Type or print) ALice Lee BRADFORD Sept 14 1968 8:00  | m.   |
|  | 3. S          |  |      |
| 是  | 3. 3          | J. DATE OF DIKUT ACE (III YEAR) MONTH'S DAY'S HOURS I  | MIN. |
| 3 4 F S  | _             | 75 male (aucasau 1/5/85 82 YRS.)   |      |
| 9 9 9  |               | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  |      |
| 4 h<br>J in<br>Pers.<br>72 h   | tub           | MIDOWED DIVORCED 110 n19 m Q x 4/  | Md.  |
| hin 24 filled or pape thin 77  | 10.           | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 12a. USUAL OCCUPATION (Kind of work done 121 KIND OF BUSINESS OR  |      |
| executed within 24 haurs after and campletely filled in by the turn remove carbon papers. Pages and yevent, within 72 haurs after any event, within 72 haurs after any event.   | 1/            | we street address) // hunsing during most of working life, even if retired.)   | 6    |
| l w<br>arb   | 13a.          | USUAL RESIDENCE (Where deceased lived, if institution: Residence before   13c, CIPX OR TOWN   13d, INSIGE CITY LAMNITS?   13e, STREET AND NUMBER   |      |
| completely ave carbon y event, with  |               | issian) STATE 1 13b. COUNTYN 1 YESEN NO 1 16013 TO 1   | ,    |
| ote be executed vicion-and complete lease remove carl and in any event,  | 14            | Thought the This can be a second to the terms of the term |      |
| physician and en please rem  | 14.           | FATHER'S NAME First Middle / Lost IS. MOTHER'S MAIDEN NAME First Office Middle Lost  |      |
| din din  |               | deonge dither waters L. LAUTON   | /    |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.  NRECTOR: After this certificate has been signed by the attending physician-e 3 shauld be detached for use as the burial-transit permit. Then please ed with the State Dept. af Health priar ta burial, cremation, ar removal, and i   |               | WAS DECEASED EVER IN U.S. ARMED FORCES? (It yos give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  Address Rockville, Md.  577-14-100 + Mrs. Medora Pelicano 4713 Jallahassee Ave.   |      |
| A LIP  |               | (es, no Agrunkhown) (1) you give war or actions of service) 577-14-100 HMrs. Medora Pelicano 4713 Tallahassee Ave  |      |
| ag b<br>The  |               | 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  |      |
| ie death cei<br>attending p<br>permit. The   |               | DADT I DEATH WAS CALISED DV.   | -1   |
| dec dec rmi rmi, al  |               | 1900   | 4    |
| be at tion   |               | DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave )   |      |
| the the matin  |               | rise to immediate cause (a)  |      |
| an.<br>by<br>ran   |               | stating the underlying cause OUE TO, OR AS A CONSEQUENCE OF  |      |
| sici<br>sici<br>ed<br>al-t<br>al,  |               | lost. (c)  |      |
| equires tho<br>physician.<br>signed by<br>burial-tran  |               | PART 2. OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |      |
| ng la k  | -             | 174 De breached ten Adres, To Cerreigh telephon  |      |
| ndir<br>bee  | 2             | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING  | _    |
| ds ds  | CERTIFICATION | YES NO PO CAUSES OF DEATH?   |      |
| in a se  | ERT           | 21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)   |      |
| A de la dela de  |               |  |      |
| of a figure of a f | MEDICAL       | (If either, natify medical examiner) P.M. 19   |      |
| HYS<br>has<br>sche<br>spt.   | E             |  | )    |
| third det  |               | While Not while of work  |      |
| NNG<br>yy t<br>ter<br>ter<br>tate  |               |  | last |
| d b d b d b d b  |               | 22a. I certify that (I) (this haspital) attended the deceased from 1967, to 1969, that (I) (this haspital) attended the deceased from 1967, to 1969, that (I) (this haspital) attended the deceased from 1969, and that in (ny) (the pinion death occurred on the date and haur and from   | the  |
| OR STEE  | 1             | causes stated abave, (1) (46) (did) (464) view the body after death.   |      |
| A fa D fa fa   |               | 22b. SIGNATURE 22c. DATE SIGNED  |      |
| OR See 3   |               | Muchael & Colonday DEGREE PHYS. DIRECTOR DIRECTO | 58   |
| AAL<br>File  |               | 22d. PHYSICIAN'S 22e. ADDRESS  |      |
| RA I PIT   |               | NAME (Type) Michael R. Dobridac D. 980/ Thorses Ore feller fling.  | 1.1  |
| Page 4 may be retained by the haspital or attending physician.  • Funeral Director: After this certificate has been signed by the attending physician.  • Funeral Director: After this certificate has been signed by the attending physician, page 3 shauld be detached for use as the burial-transit permit. Then physhauld be filed with the State Dept. af Health priar ta burial, cremation, ar removal,  | 230           | BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  | =    |
| Jago Andre Short   | 200           | REMOVAL (Specify)  |      |
| 5 5 5 P  | 24            | The property of the property o | _    |
| VR A15(1)<br>30M REV. 1130   | 1.            |  |      |
| SUM REV. IN OU   | W             | arker E. Pumphrey, Inc. 8434 Ga., Ave. Sil. Spr. SEP 18 1968 Cliantes Judge  |      |

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13075 13087 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) CLEYTA BELLE BRADFORD 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) vithin 72 haurs aft HOURS FEMALE WHITE 11/28/13 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARYLAND U.S.A MONTGOMERY WIDOWED | DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR SUBURBAN give street oddress) BETHESDA during most of warking life, even if retired.) INDUSTRY attending physician and campletely meremit. Then please remave carban burial, crematian, ar removal, and in any event, 13a. USUAL RESIDENCE Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY YES NO 1926 BATTERY 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First JO NES 166. SOCIAL SECURITY NO. 17. INFORMANT ALTON BRADFORD) 4602 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no grunknown) Kemper st (If yes give war enderes as service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave burial-transit rise ta immediate cause (a), DUE TO, OR AS-A CONSEQUENCE OF signed by Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Health priar to FUNERAL DIRECTOR: After this certificate has been far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 74 YES 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor af-(If either, natify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at wark 22a. I certify that (1) (this hospital) attended the/deceased from 9/6\_1968, and that in (my) (our) opinian death accurred on the date and have and from the saw the deceased alive an\_\_\_\_ directar, page 3 shauld shauld be filed with the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23g. BURIAL CREMATION Burial Burial Cambridge Dorchested Md Dorchester Memorial 0 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Wisconsin Ave 24. FUNERAL DIRECTOR 557 Wisconsin Bethesda, Met 1968 Pumphrey 30M REV 1/68

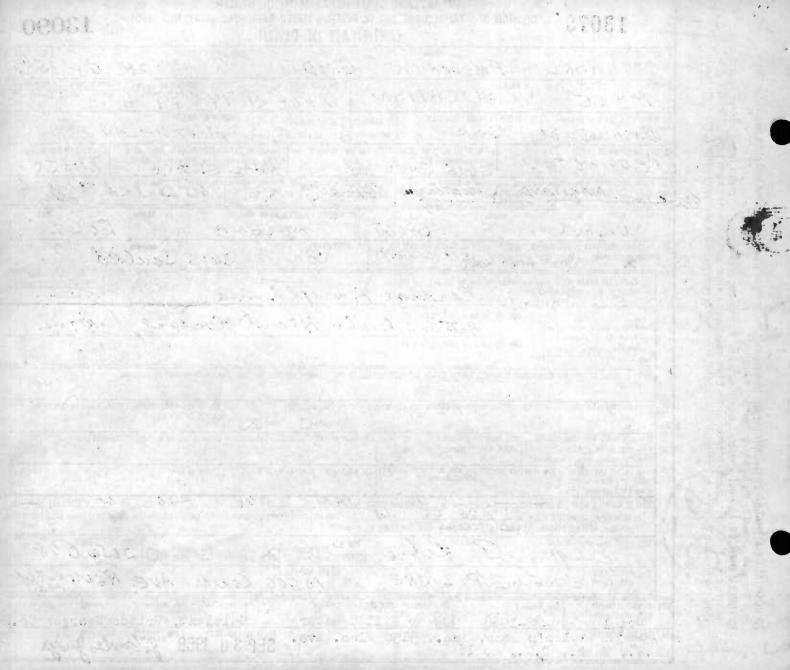


MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. 13088 13076 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 1. DECEASED-NAME 2b. HOUR and 2 death. (Type or print) Month offer 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR MONTHS OAYS HOURS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) = DIVORCED [ WIDOWED erica pletely filled burial, cremation, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) ouse wite 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREFT AND NUMBER 13b. COUNTY NO [ maru 14. FATHER'S NAME IS. MOTHER'S MAJOEN NAME First First Middle Lost physicial ien pleas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the death certificat Yes, no. or unknown) (If yes give war ar dates of service) Record attending p lungs, spine It 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR. AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to PHYSICIAN: The law CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Dov P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town County Stote While Not while ot work ATTENDING 220. I certify that (I) (this hospital) attended the deceased from 5-6-68, 19, , to\_ ond that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on\_\_\_\_ be retained causes stoted above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATUR 22c. DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) OF CEMETERY OF CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 2Sb. REGISTRA VR A15 (4) 1968

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 , 13089 13077 CERTIFICATE OF DEATH Middle Last 2b. HOURP TO DECEASED-NAME First 2a. DATE OF DEATH executed within 24 hours after death s after deoth (Type or print) Juttie September Lee Brizendine 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS White March 20, 1925 Female completely filled in by 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED (country) Kansas USA WIDOWED | DIVORCED | Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR The Clinical Center, NIH during most of working life, even if retired.) INDUSTRY remove carbon Bethesda event, wit 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission). STATE Virginia Boteourte NO P. O. Box 102 Daleville and in any 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle pe. Shelton Cash Crane Vinita requires that the deoth certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address Yes, po, ar unknawn) a burial, cremotion, or removat, 265-22-1543 The Clinical Center, Bethesda, Md. 20014 en ph 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Immediate Cardiac arrest IMMEDIATE CAUSE (a) \_ DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) 8 Hours (b) Aspiration pneumonitis rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physicion. stoting the underlying cause 2 Months Metastatic Breast Carcinoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 moy be retained by my properties of the To FUNERAL DIRECTOR: After this certificate has been TO FUNERAL DIRECTOR: After this certificate has been a fine a should be detached for use as the contract of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? NOXX YES 🗀 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (A) (this hospital) attended the deceased from September 3, 19 68, to September 19 68, that (f) (we) lost saw the deceased alive an September 30 19 60, and that in (A) (our) opinion death accurred an the date and haur and from the courses stated above, (f) (we) (did) (44) (we) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 1 October 1968 22e. ADDRESS The Clinical Center, National PHYSICIAN NAME (Type) Wayne Bardin, MD. Institutes of Health, Bethesda, Md. 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1968 Ocharles 9 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13078 1309 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME death. Hours after death. (Type ar print) 9 Manth FREDERICK SROD 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR IF UNCER 24 HRS. 24 hours after CAUCASIAN last birthday) MONTHS YRS. 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED COUNTRY ASHINGTON DO USA MONTGIMER WIDOWED DA DIVORCED | event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street address) during most of working life, even if retired.) INDUSTRY FR FUSINGTON 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN adaptissian) STATE MARKET AMADE. COUNTY MONTGEMENT AND STATE OF THE PROPERTY OF 13e. STREET AND NUMBER YES NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Last BRODT WICHELM pe 45CENA 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address requires that the death certifical (If yes give wor or dotes of service) Yes, na, ar unknawn) 3615 Snulke buriol, cremotion, or removol, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart deseurs Canditians, if any, which gave ) buriol-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g, DATE OF OPERATION 20a. AUTOPSY? CALISES OF DEATH? YES 🗀 NO X 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year State Dept. of (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work TO FUNERAL DIRECTOR: After this 22a. I **certify** that (I) (this hospital) attended the deceased from VAV , 19 &F , ta A 8 , 19 &F , that (I) (we) last saw the deceased alive an A 66 25 19 &F , and that in (my) (our) opinion death accurred an the date and haur and from the O HOSPITAL OR ATTEND Page 4 moy be retoined director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE\_SIGNED\_ ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S CONN. AVE. KENSINGTON LIBRE EUGENE NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Caunty) 23a. BURIAL, CREMATION, REMOVAL (Specify) Ceear Hill Cemetery Suitland. Prince Georges Co.M Inc., ADDRESS Wisc. Ave 25d. RECD BY REGISTRAR DATE SEP 30 2Sb. REGISTRAR'S SIGNATURE 24. DWRALBIRETOGawler's Sons. 30M REV. N.W., Wash., D.C., 20016



DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201 13091 EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Month (Type or Print) ESTI-1968 DEATH MATED 4. RACE . AGE (in years last birthday) IF UNDER 24 HRS. 3 SEX 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 06 23RS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7h. CITIZEN OF WHAT COUNTRY? MARRIED INEVER MARRIED WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ave street address) during mast of working life, even if retired.) INDUSTRY 13d. INSIBÉ CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13@ CITY OR TOWN 13e. STREET AND NUMBER 13b COUNTY Middehnak Dox 263 YES 🗍 14. FATHER'S MAME First Last IS. MOTHER'S MAIDEN NAME First Middle of BROWN eese 24 \_= haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes. na. ar unknown) If yes give war or dates of service) e.ese AVOUN APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending minutes IMMEDIATE CAUSE (a) Intra-pulmonary hemorrhage massive event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove Autemobile Accident rise ta immediate cause (a). word plnous DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol, 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES , NO [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) Р PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. Na City or Town State Page : factory, office building, etc.) WHILE AT WORK AT WORK grove Damases Mint please execute Hiorway FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an Autapsy 💢 Inspection X Inquiry X ond in my opinion Accident X Suicide Hamicide Undetermined manner retained death resulted fram: Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE pe DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy Health NAME (Type) ADDRESS(Street, city, town, or county) 50 23a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (Caunty) REMOVAL (Specify) zuri 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Ernest VR A15ME (5) 10M REV. 1/68

STATE DEPARTMENT OF HEALTH

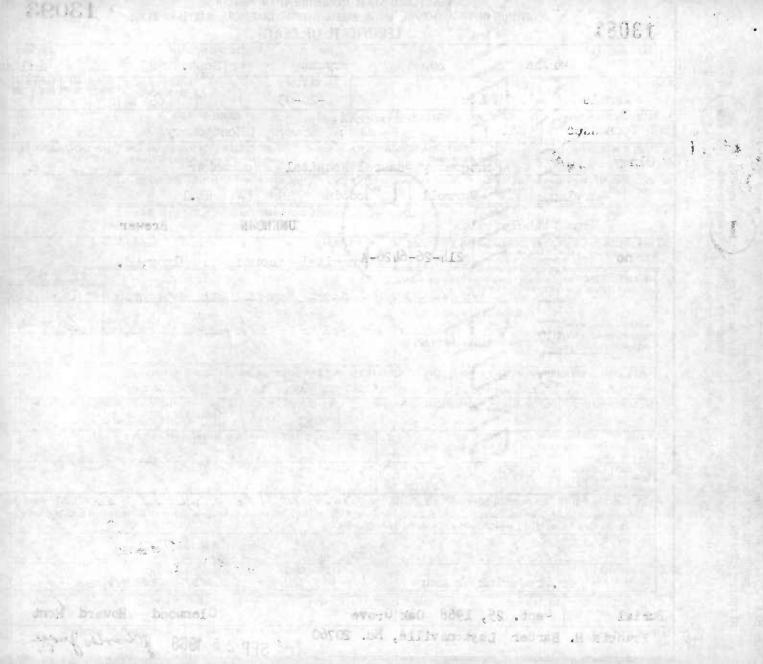
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requires that the death certificate be

O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to I 22a. I **certify** that (A) (this haspital) attended the deceased from Aug. 28 , 19.68 , ta <u>Sept. 18</u>, 19.68 , that (L) (we) last saw the deceased alive an <u>Sept. 18</u> 19.68, and that in (my) (aur) apinian death accurred an the date and haur and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF Sept. 18.1968 DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S D. L. HORTON, M. D. NAME (Type) Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify)
Burial 4-22-68 FT ASHBY CEMETERY FT. ASHBY, WEST VIRGINIA W. CHAMBERS COADDRESS 2Sb. REGISTRAR'S SIGNATURE REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1400 CHAPIN ST., N.W. WASHINGTON, D. C. 30M REV. 1/68

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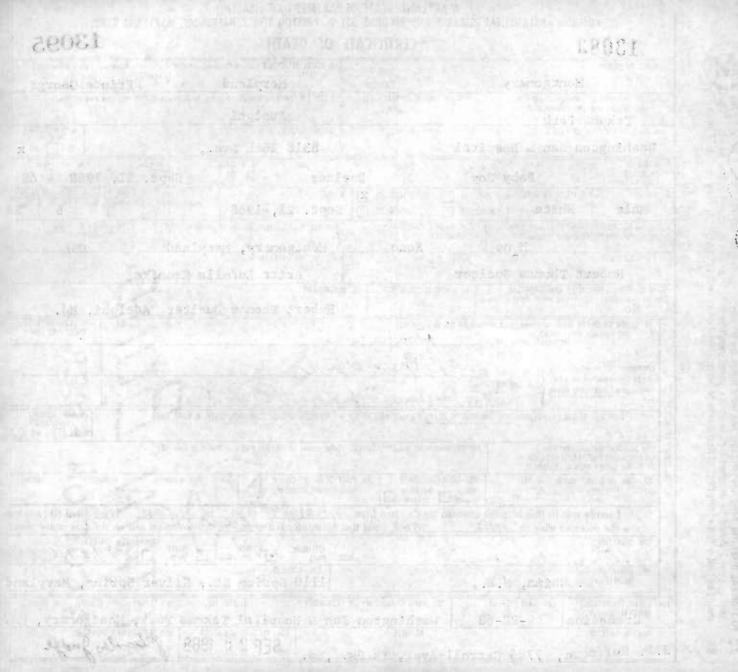
| 1     |               | 13081  | DIVISION OF VITAL RECORDS  | ND STATE DEPARTMENT OF<br>, 301 W. PRESTON STREET, BAL<br>CERTIFICATE OF DEATH | TIMORE, MARYLAND 21201  | 13093  |
|-------|---------------|--|--|--|---|--|
|       |               | ECEASED-NAME Firs Type or print) Ber   |  | lost<br>B <b>ryant</b>   | 2a. DATE OF DEATH Sept. Month 23 Doy  | 68 Year 2b. Hour 14:10a                                |
|       | 3. \$1        | Fema <b>le</b>   | 4. RACE White  | S. DATE OF BIRTH<br>8-28-03  |   | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS GAYS HOURS MIN |
|       | 7o.           | BIRTHPLACE (Stote or foreign notry) Tennessee  | 7b. CITIZEN OF WHAT COUNTRY? USA   | 8. MARRIED NEVER MARRIED WIDOWED DIVORCED                                      | 9. COUNTY OF DEATH Montgomery   | Md.  |
| 1     |               | Olney  | Nontgomery G   | eneral Hospital during   | UAL OCCUPATION (Kind of work done nost of working life, even if retired.)  OMEMAKET | 12b. KIND OF BUSINESS OR INDUSTRY                      |
| 1     | 13o.<br>adm   | USUAL RESIDENCE (Where decedission) STATE Maryland   | eosed lived if institution: Residence before<br>ad 135 COUNTY Carroll  |  | 13e. STREET AND NUMBER Rt.1   |  |
| Maria | 14.           | FATHER'S NAME First Went St  | Middle Lost tubblefield  | 15. MOTHER'S MAIDEN NAME <b>3UNKNO</b>   |   | Lost   |
|       | 160.          | WAS DECEASED EVER IN U.S. AR   | ARMED FORCES? ve war or dates of service)  16b. SOCIAL SECURITY 214-26-6   | NO. 17. INFORMANT<br>5426-Aospital Recor                                       | Address Olney Md.   |  |
|       |               | PART I. DEATH WAS CAUS<br>IMMED<br>Canditions, if any, which gave<br>rise to immediate cause (a),<br>stating the underlying cause<br>last. | DUE TO, OR AS A CONSEQUENCE OF   | cinhosis   | ruria 4 memia   | APPROXIMATE INTERVAL BETWEEN ONST AND DEATH  3 in po   |
|       | CERTIFICATION | Bronebro p<br>19a. DATE OF OPERATION 196   | CONDITIONS CONTRIBUTING TO DEATH BUT IN PRECEDED AND STATE OF THE PROPERTION WAS POSSIBLE OF THE PROPERTY OF THE P | i congestive he  | 200. IF YES, WERE FINDINGS CO   | NSIDERED IN CERTIFYING                                 |
|       | MEDICAL CE    | 21a. ACCIDENT WAS UNDERLY  or contributing cluss of de (If either, notify medical exam  21d. INJURY OCCURRED While Not while at work 21a   | DEATH HOUR A.M. Manth Doy Yea  | 19   | ter nature af injury in Part 1 ar Part 2, Ite<br>lo. City or Town                   | em 18.)  County State                                  |
|       |               | 22a. I certify that (1) (t   | (this hospital) ottended the decear<br>alive on the decear<br>ave, (I) (we) (did) (did not) view the   | body after death.  |   | e and haur and fram the  ATE SIGNED  -23-68            |
|       | 23a.          | BURIAL, CREMATION, 23b.  |  | 220. ADDRESS - MEDICAL CEMETERY OR CREMATORY Grove                             | Center, Sand  | (County) (State)                                       |
| 9     |               |  | arber Laytons villi  | Md. 20760 250. REC'D   | BY REGISTRAR 25b. REGISTRAR'S S   | SIGNATURE  |



| (Type or print) Charles S. BRYANT Sept. Month 10 Day 68 Year 1   | Mc<br>PESS OR<br>PIST                 |
|--|---------------------------------------|
| Male Caucasian Jul.19, 1919  | MC MIN.  MC MESS OR  HTERVAL NO OFATH |
| Country   Coun   | IST<br>ITERVAL<br>NO OEATH            |
| 11. NAME OF HOSPITAL OR INSTITUTION (I find in hospital)   120. USUAL CECUPATION (Kind at wark done developed styles)   120. King of Euslin (Kind at wark done developed styles)   120. King of Euslin (Kind at wark done developed styles)   120. King of Euslin (Kind at wark done developed styles)   120. King of Euslin (Kind at wark done developed styles)   120. King of Euslin (Kind at wark done developed styles)   120. King of Euslin (Kind at wark done developed styles)   120. King of Euslin (Kind at wark done developed styles)   120. King of Euslin (Kind at wark done developed styles)   120. King of Euslin (Kind at wark done developed styles)   120. King of Euslin (Kind at wark done developed styles)   120. King of Euslin (Kind at wark done during styles)   120. King of Euslin (Kind at wark done during styles)   120. King of Euslin (Kind at wark done during styles)   120. King of Euslin (Kind at wark done during styles)   120. King of Euslin (Kind at wark done during styles)   120. King of Euslin (Kind at wark done during styles)   120. King of Euslin (Kind at wark done during styles)   120. King of Euslin (Kind at wark done during styles)   120. King of Euslin (King of Wark at All Styles)   120. King of Euslin (King of Wark at All Styles)   120. King of Euslin (King of Wark at All Styles)   120. King of Euslin (King of Mark at All Styles)   120. King of Euslin (King of Mark at All Styles)   120. King of Euslin (King of Euslin (Ki   | IST<br>ITERVAL<br>NO OEATH            |
| 13b. COUNTY   13b. COUNTY   13b. COUNTY   13b. COUNTY   13b. COUNTY   14. FATHER'S NAME   15. MOTHER'S MAIDEN NAME First   15. MOTHER'S MAIDEN NAME First   16d. MARY   15. MOTHER'S MAIDEN NAME First   16d. MARY   15. MOTHER'S MAIDEN NAME First   16d. MARY   15. MOTHER'S MAIDEN NAME FIRST   15. MOTHER'S NAME FIRST   15. MO   | ITERVAL<br>NO OEATH                   |
| Charles S. Bryant Mary Limbey  16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, Yes unknown)  16b, SOCIAL SECURITY NO. 263/2/390  17. INFORMANT  Hospital records  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: 395.9  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF POSTHOSIS (Bicuspid valve)  Stating the underlying cause (a), stating the underlying cause (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Severe occlusive coronary atherosclerotic disease  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  Sep. 17, 1968 Calcific aortic stenosis (Enter nature of injury in Part 1 or Part 2, Item 1B.)   | ITERVAL<br>NO OEATH                   |
| Yes, Yerynknawn)    16   16   17   18   19   19   19   19   19   19   19   | NO OFATH                              |
| PART I. DEATH WAS CAUSED BY:  Status Post-operative aortic valve  IMMEDIATE (AUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Prosthesis for calcific aortic  Conditions, if any, which gave rise to immediate cause (a), (b)  Status Post-operative aortic valve  DUE TO, OR AS A CONSEQUENCE OF Prosthesis for calcific aortic  (b)  DUE TO, OR AS A CONSEQUENCE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Severe occlusive coronary atherosclerotic disease  19a. Date of operation 19b. Condition for which operation was performed 20a. Autopsy?  Sep. 17, 1968 Calcific aortic stenosis;  NO  CAUSE OF DEATH (Enter only ane cause per line tor (a), (b), and (c).)  PART I. DEATH WAS CAUSE (a)  Conditions, if any, which gave rise to meeting the prosthesis for calcific aortic stenosis.  (b)  DUE TO, OR AS A CONSEQUENCE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Severe occlusive coronary atherosclerotic disease  19a. Date of operation 19b. Condition for which operation was performed 20a. Autopsy?  Sep. 17, 1968 Calcific aortic stenosis;  NO  CAUSE OF DEATH?  Yes  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 1B.)  | NO OFATH                              |
| Severe occlusive coronary atherosclerotic disease  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  Sep. 14, 1968 Calcific aortic stenosissy NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)   |                                       |
|  | ING                                   |
| While Nat while of the street of those of the street of th | State<br>(we) las                     |
| 22a. I certify that (b) (this hospital) attended the deceased from Aug. 7, 1968, to Aug. 10, 1968, that saw the deceased alive on Aug. 10 Sept. 19 68 and that in (may) (our) opinion death accurred on the date and haur and causes stated abave. (1) (we) (did) (did not) view the body after death.  22b. SIGNATURE  22c. DATE SIGNED  PHYS. DIRECTOR PHYS. STAFF  22c. DATE SIGNED  Sept. 11, 19  22d. PHYSICIAN'S  NAME (Type) W. F. BEASLEY  Naval Hospital, Bethesda, Md.   |                                       |
|  | tate)                                 |

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MARYLAND STATE DEPARTMENT OF HEALTH



|   |               | 13084   | DIVISION OF VITAL  |   | PRESTON STREET, BA               |  | D 21201                   | 130                          | 96                         |
|---|---------------|---|--|---|----------------------------------|--|---------------------------|------------------------------|----------------------------|
|   |               | CEASED-NAME Fire  | hn M   | Middle<br>19  | Bullough 2                       | 2a. DATE OF DEATH Sept. Mo   | nth 26ay                  | 1968                         | 26. HOUR<br>12 AN          |
|   | 3. SE         | Male  | 4. RACE White  |   | S. DATE OF BIRTH 12/19/91        | 6. AGE   |                           |                              | HOURS MIN.                 |
|   | cour          | SIRTHPLACE (State or foreign litry) Wash., D.C.                                       | 7b. CITIZEN OF WHAT COUN   | WIDOWE  |                                  | 9. COUNTY OF DEATH Mentge  |                           |                              | Md                         |
| 1 | 5             | ilver Spring  | give street add  | OSPITAL OR INSTITUTION (I                               | rital during                     | SUAL OCCUPATION (Kind of most of working life, even most of working life, e | en if retired.)           | 12b. KIND OF BUINDUSTRY      |                            |
| 1 | adm           | USUAL RESIDENCE (Where dece<br>ssion) STATE   | 13b. COUNTY Monta  | omery Sils  | pr. YESKOK                       | NO 2021 /  | Hanover                   | Street                       |                            |
|   |               | ATHER'S NAME First John   | Middle B   | ullough   | IS. MOTHER'S MAIDEN NAM          | E First Lice   | Middle                    | Uan Ne                       |                            |
|   | 16a.<br>Y     | 700   | war or dates of service) 579   | -44-3993  | . INFORMANT<br>Mabel Bullow      | igh 2021 Ha  | Address                   | t. Sil.                      | Spr.                       |
|   | 100           | 18. CAUSE OF DEATH (Enter PART I. OEATH WAS CAUSED IMMEDIA)                           | only ane couse per line far (o)<br>SED BY:<br>DIATE CAUSE (o) <b>Ruptu</b>   | ), (b), ond (c).) cred Abdomir                          | nal Aneurysm                     |  |                           | BETWEEN ONS                  |                            |
|   |               | Conditians, if any, which governies to immediate cause (a)                            | (D)  |   |                                  |  |                           |                              |                            |
|   |               | stoting the underlying couse lost.  | DUE TO, OR AS A CON  |   |                                  |  |                           |                              |                            |
|   | NC            | Bleeding gas  | onoitions contributing to tric, peptic   | ulcer, care   |                                  | Sation   |                           |                              |                            |
| 1 | CERTIFICATION | None  | b. CONDITION FOR WHICH OPER  |   | 20a. AUTOPSY?<br>YES <b>₹</b> NO | CAUSES OF DEA  | ATH?                      | NSIOEREO IN CER              | TIFYING                    |
|   | MEDICAL CE    | 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI (If either, notify medicol exor | HOUR A.M. Manth<br>miner) P.M.   | Oay Yeor  | HOW INJURY OCCURRED (E           | inter noture of injury in Po   | rt 1 or Part 2, Ite       | em 18.)                      |                            |
|   | ME            | 21d. INJURY OCCURRED 21 While Not while at work                                       | e. PLACE OF INJURY ( AT HOME, OFFICE BU  |   | LOCATION Street or R.F.D.        |  |                           | Caunty                       | Stote                      |
|   |               | 22o. I certify that (I) (saw the deceased couses stated abo                           | this haspital) attended the constant of the co | the deceased from_<br>19_68, a<br>t) view the body afte | ind that in (my) (aur) or death. | apinion death occurre  | 26, 19 d<br>d an the date | 68 , that (<br>e and hour or | l) (we) las<br>nd fram the |
|   |               | 22b. SIGNATURE Ber  | met a, Vo  | rtes? " MADE  | ATTENDING                        | MED. STAFF DIRECTOR PHYS.  | 22c. 0/                   | ATE SIGNED 27-68             |                            |
|   |               | 22d. PHYSICIAN'S<br>NAME (Type) Benn  | et A. Porter,  |   |                                  | sville Road,   | Silve                     | r Spring                     | Md.                        |
|   |               | REMOVALISED 9   | -28-68   | 3c. NAME OF CEMETERY C<br>Cedar Hill                    | Cemetery                         | 23d. LOCATION (City<br>Suitlan   | nd p                      |                              | (State)<br>Md.             |
|   | 24.           | FUNERAL DIRECTOR M. A.  | ndrew Duvall   | A DORESS A MA   | and So. REC                      | D BY REGISTRAR 2SI   | o. REGISTRAR'S S          | SIGNATURE COLLEGE            |                            |

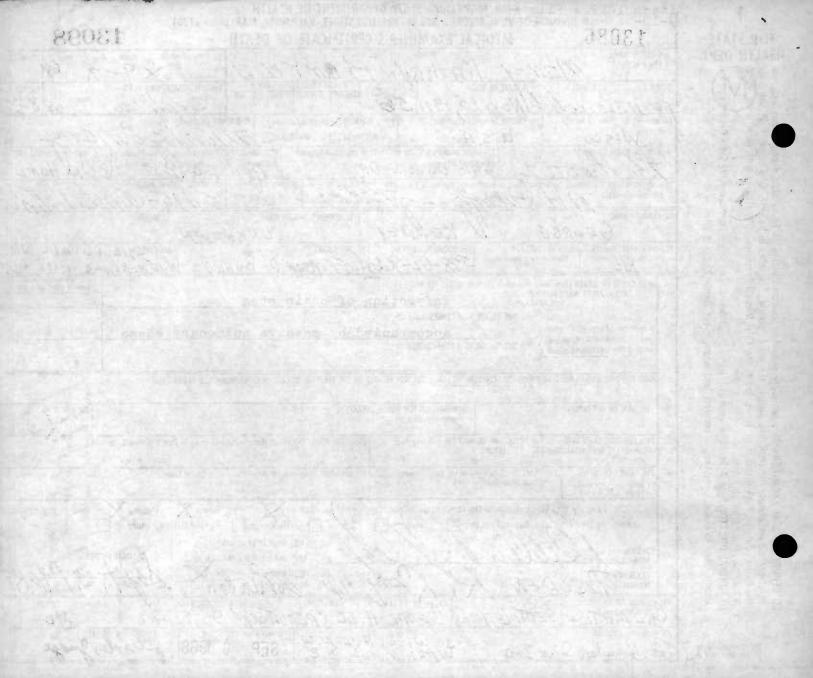
MARYLAND STATE DEPARTMENT OF HEALTH

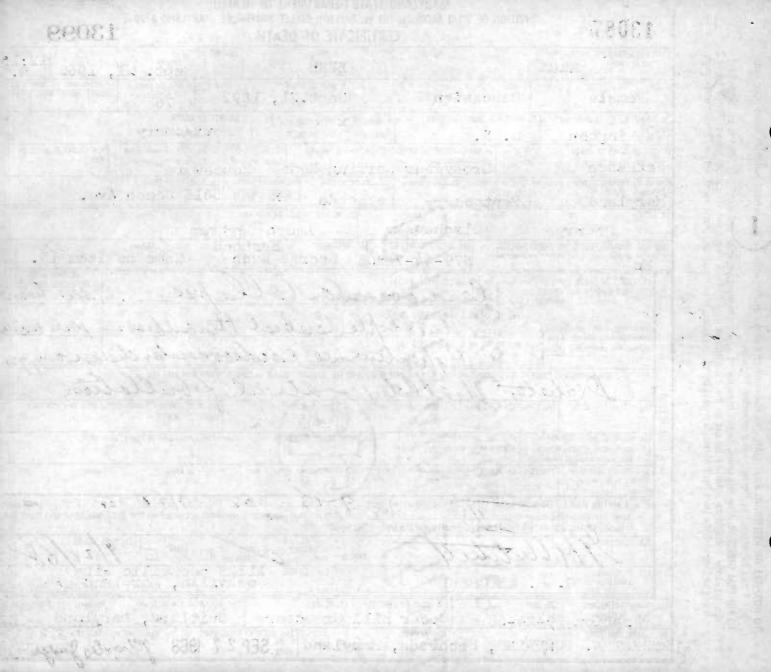
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| 1  |               | 13085  | DIVISION OF                         | VITAL RECORDS,  | 301 W. P       |                       |                                 |              | YLAND 21201                                | 1309                        | לים '                            |
|----|---------------|--|-------------------------------------|---|----------------|-----------------------|---------------------------------|--------------|--|-----------------------------|----------------------------------|
|    |               | ECEASED-NAME First Type or print) EMILY                                | L                                   | Middle<br>ORRA I NE                                     | 171            | last<br>IRDETTE       | 20.                             | DATE OF I    | DEATH 9 Doy                                |                             | 2b. HOUR<br>6:20                 |
| )  | 3. SI         | FEMALE   | 4. RACE<br>WH 1                     | TE  | S.             | 5. DATE OF B 5/1/     |                                 |              | 6. AGE (In years last birthday) YRS.       | IF UNDER 1 YEAR MONTHS CAYS | IF UNDER 24 HRS.<br>HOURS MIN.   |
|    | 7o.           | BIRTHPLACE (State or foreign ntry) MARYLAND                            | 7b. CITIZEN OF WI                   |   | WIDOWED        |                       | RRIED 9. CO                     | UNTY OF I    | DEATH<br>DNTGOMERY                         |                             | Mo                               |
| 9  | 10. (         | OLNEY  | 11. N.<br>give                      | AME OF HOSPITAL OR INS<br>street address)<br>ONT GOMERY | TITUTION (IF I | at in haspitol L HOSP | during most of                  | WOLKIDE I    | Kind af work dane<br>fe, even if retired.) | 12b. KIND OF<br>INDUSTRY    | BUSINESS OR                      |
| 15 | 13a.<br>adm   | USUAL RESIDENCE (Where deceaser issian) STATE MD.                      | d lived, if institut<br>13b. COUNTY | ian: Residence befare MONTGOMERY                        | 13c. CITY OF   | SCUS                  | 13d. INSIDE CITY LIMITS? YES NO |              | EET AND NUMBER<br>D23 MT. VE               | RNON A                      | /E.                              |
| 1  | 14.           | FATHER'S NAME First  | Middle                              | Last  | 1:             | . MOTHER'S M.         | AIDEN NAME First                |              | Middle                                     |                             | Last                             |
|    |               | HARRY  |                                     | MOXLE   |                | Neo a II              | ELEANO                          | R            | # Per                                      | H                           | YATT                             |
|    |               | WAS DECEASED EVER IN U.S. ARME<br>(es na, ar unknawn) (If yes give wai | D FORCES?<br>or dates of service)   | 16b. SOCIAL SECURITY N<br>213-01-58                     |                | MEDIC                 | AL RECORD                       | S            | Address                                    |                             | Fills                            |
|    |               | 18. CAUSE OF DEATH (Enter only   |                                     |   |                |                       | Respond                         |              |  | APPROXI<br>BETWEEN C        | MATE INTERVAL<br>INSET AND DEATH |
|    |               | PART I. DEATH WAS CAUSED IMMEDIAT                                      | E CAUSE (a)                         | erebral Va  | scular         | Accid                 | ent, prob                       | ably         |  | 12 hc                       | ours                             |
|    |               | Conditions, if any, which gove   | DUE TO, ORTA                        | es a colosequeloce tolar                                |                |                       | h left he                       | miple        | egia                                       |                             |                                  |
|    |               | rise to immediate cause (a),   | (b)                                 | AS A CONSEQUENCE OF                                     | rombos         |                       |                                 | dia          |  | 10 ye                       | 0.000                            |
|    |               | stating the underlying couse lost.                                     | (c)                                 | S A CONSEQUENCE OF                                      | Dise           |                       | TOTIC CAL                       | 010-         | Vasculai                                   | 10 ye                       | ais                              |
|    | 1             | PART 2. OTHER SIGNIFICANT COND   | OITIONS CONTRIBU                    | TING TO DEATH BUT NO                                    |                |                       | L DISEASE OR CONDIT             | ION GIVEN    | IN PART 1(a)                               |                             |                                  |
|    | N             | 4221   |                                     |   |                |                       |                                 |              |  |                             |                                  |
| V  | CERTIFICATION | 19a. DATE OF OPERATION 19b. Co   | ONDITION FOR WH                     | ICH OPERATION WAS PER                                   | RFORMED        | 20o. AUTO             |                                 |              | YES, WERE FINDINGS CO<br>OF DEATH?         | ONSIDERED IN C              | ERTIFYING                        |
| A  | ERTIFI        | OL ACCIDENT WAS UNDERLYING   | None                                |   | 1              | YES _                 |                                 |              |  |                             |                                  |
|    |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH            | HOUR A.M.                           | Manth Day Yeor  |                |                       |                                 | re of injury | in Port 1 ar Part 2, 1                     | tem 18.)                    |                                  |
|    | MEDICAL       | (If either, notify medical examine 21d. INJURY OCCURRED 21e. P         | P.M.                                | AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC.     | TORY, ) 21f 10 | VO acci               | dent<br>et or RED No            | City o       | r Town                                     | County                      | Stote                            |
|    |               | While Nat while of wark of work  | DIEL OF HOOK!                       | OFFICE BUILDING, ETC.                                   | 7              | 311017 31100          | . of K.I.D. 110.                | cit o        |  |                             | 31010                            |
|    |               | 22a. I certify that (I) this saw the deceased ali                      | chospital) att                      | ended the decease                                       | d fram_        | 1958                  | 19                              | ta_Se        | pt 18, , 19                                | 68 , that                   | (I) (WY) la                      |
|    |               | saw the deceased ali   | ve an Sept                          | (did-not) view the                                      | 9_68, an       | d that in (m          | y) (œs) opinian                 | death a      | curred an the da                           | te and haur                 | and fram th                      |
|    | 15            | 22b. SIGNATURE   | (i) (Mestina)                       | (did Mot) Alem the t                                    | A unter        | S. State L.           |                                 |              | 22c. 1                                     | DATE SIGNED                 |                                  |
|    |               | 2 2 6  | -dree !                             | Joyer .   | 7 DEGI         |                       | DIRECTO                         | OR 🗆         | STAFF PHYS. D Se                           | pt. 19                      | , 1968                           |
|    |               | 22d. PHYSICIAN'S M. MCK<br>NAME (Type)                                 | endree B                            | oyen, M,  | D.             | 22e. ADD              |                                 | 0~           | 0  | Me                          |                                  |
|    |               | IVI •  |                                     | EE BOYER,   |                |                       |                                 |              | DAMASCUS                                   |                             | (5)                              |
|    | 23a           | BURIAL, CREMATION, REMOVAL (Specify) Burial Ser                        | -                                   | 23c. NAME OF C  |                |                       |                                 |              | (City ar Tawn)                             | (Caunty)                    | (State)                          |
|    | 24.           | FUNERAL DIRECTOR   | t.21,19                             | ADDRESS   | ascus          | Meth.                 | 2So. REC'D BY REG               | ISTRAR       | Damascus,<br>2Sb. REGISTRAR'S              | SIGNATURE                   |                                  |
| 0  |               | Olin L. Mode   | sworth.                             | Damascus  | , Md.          |                       | DATE SEP                        | 23           | 1968 PCL                                   | carlas Q                    | and the                          |

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| D ·  |               | ems 18&22a Film 404 MARYLAND STATE DEPARTMENT OF HEALTH 10-68 ams division of vital records, 301 w. preston street, baltimore, maryland 21201   |                         |
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| HEALTH DEPT.   |               | Type or Print) OF ESTI-   | Doy Yeor 2b. HOUR       |
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| de d   | 10            | enala cellita Nov. 25, 1911 36 yrs. MONTHS DAYS HOURS MIN. Month ept. Doy 2   | Yeor 1968 8 M           |
| J. 1, 2  | 7a.<br>cour   | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79. COUNTY OF DEATH / WIDOWED DIVORCED 75.   | Pret "                  |
| ffer death<br>Give Pages 1,<br>ang with farm<br>with the State De<br>Jath.   | 10.           | CITY OR JOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol   120. USUAL OCCUPATION (Kind 6) work done   12   | 2b. KIND OF BUSINESS OR |
| after deat<br>8. Give Pag<br>along with<br>with the St   | 130           | USUAL RESIDENCE (Where deceased lived, if institutions Residence before 13C STO OR 78WN / 13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   | DWW HOME                |
| rs after ce obne   | 0             | odmission) STATE Md. 132 (1971) Agome, of Bethosd 2 YES NO 1 5415- Jee  | 1/2/1 Jail              |
| Hen Office afte  | 14.           | FATHER'S NAME First Middle KEINEY IS. MOTHER'S MAIDEN NAME First Middle   | Lost                    |
| hin 24<br>ncil in 1<br>niner's<br>pages 1<br>haurs   |               | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 415  | DUVALL DR.              |
| I within<br>n pencil<br>Examine<br>File pag  | -             |   | APPROXIMATE INTERVAL    |
| shauld be executed<br>e ward "pending" in<br>the Chief Medical E<br>urial-transit permit. F<br>in any event within |               | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  INTERPRETATION OF Brain stem  | BETWEEN ONSET AND DEATH |
| e execut<br>pending<br>of Medic<br>sit perm  | 1             | DUE TO, OR AS A CONSEQUENCE OF  | A PARTY OF THE          |
| d be<br>rd "pe<br>Chief<br>transil   | 0             | Conditions, if ony, which gove rise to immediate couse (a), testing the underlying couse (b).  DUE TO, OR AS A CONSEQUENCE OF   |                         |
| shauld be en ward "per<br>a the Chief<br>burial-transit  |               | stoting the underlying cause   DUE TO, OK AS A CONSEQUENCE OF   |                         |
| s a and  |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  |                         |
| nis certification te, writing farward a pe used a removal,   | ATION         | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  | 20. AUTOPSY2.           |
| be eat   | CERTIFICATION | 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item   | YES NO 🗆                |
| * 7 -  | MEDICAL C     | PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M. 19  | 1 10.)                  |
| 3 S TELE   | MED           | 21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, while AT WORK AT WORK  AT WORK  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)   | County State            |
|  |               | 22a. I certify that back charge of the remains described above, held in Autapsy . Inspection . Inquiry .  | and in my apinian       |
| T d ii e   |               | death resulted fram: Natural causes . Accident ., Suicide ., Hamicide ., Underermined manner  |                         |
| please e l directar retained DIRECT  |               | ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER (276. DATE SI   | GNED                    |
| TO DEPUTY necessary, p the funeral 5 may be r TO FUNERAL Health price  |               | EXAMINER'S DEPUTY MEDICAL EXAMINER  | -3/9/0                  |
| E free free free free free free free fre   |               | NAME (Type) CLDEN County) ADDRESTS FOR COUNTY)  | 7/100                   |
| O E # S O H  | 230           | BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)  | County) (Stote)         |
| To He  | 1             | BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Told) (1)  REPUBLISHED SEPT. 6, 1968 CEDAR HILL CREMATORY SUITLAND  FUNERAL DIRECTOR  ADDRESS 2.5. RECIDEN REGISTRAR 25b. REGISTRARS SI | (Stote)                 |



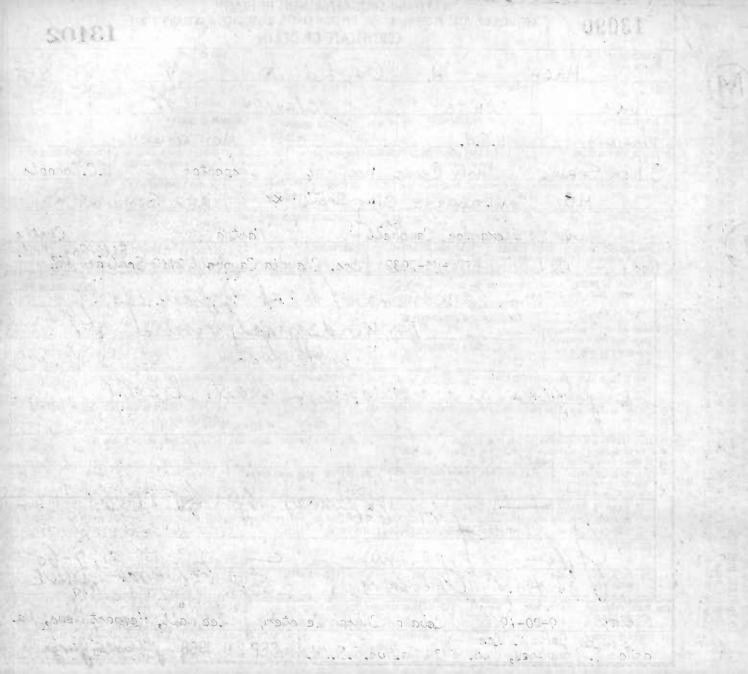


| 1 1   | K             | martland State DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2/201/1   |
|---|---------------|--|
| 4   |               | Item#13b.c.e. FilmGhoh 9/20/68 kCERTIFICATE OF DEATH () ph   |
| £ -2 ±  |               | ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR  |
| death death and 2 death   | L             | Type or print) Agie M Butler & Manth & Day 68 year 4 AMM   |
| ifter 1   | 3. S          | S. DATE OF BIRTH  6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  In the part of the pa |
| S and a second  | 70            | 11/4/E 1/20 24/9/90 70 YRS.  |
| hoo hoo   |               | ntry) 440 / / / / / / / / / / / / / / / / / /  |
| Illed paper   | 10.           | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b, MIND OF BUSINESS OR  |
| 6 killing ban   |               | Bethes da give street address) during most of working life, even if retired.) INDUSTRY   |
| and completely filled i remave carban paper any event, within 72  |               | USUAL RESIDENCE (Where deceased lived, if institution: Residence before lission) STATE MANY (2007) 3b. COUNTY Mont.   13c. CITY OR TOWN Rockville   13c. STREET AND NUMBER 130 Norbeck Rd  |
| d co  | 14.           | FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last   |
| be ex<br>n and<br>se rem<br>d in an   |               | MANSFIELD BUTLER ELIZABETH RIGGS   |
| ertificate b<br>physician<br>ien please<br>aval, and i  |               | . WAS DECEASED EVER IN U.S. ARMED FORCES? (16b. SOCIAL SECURITY NO. (17. INFORMANT Address (17. INFORMANT)) (17. INFORMANT (17. INFORMANT))  |
| at the death of<br>the attending<br>nsit permit. The<br>mation, ar rem  |               | 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a). Stating the underlying cause  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)   |
| The law requires th attending physician, has been signed by se as the burial-tra the prior ta burial, cre   | NOI           | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |
| : The law r<br>ir attending<br>e has been<br>use as the<br>ush prior ta   | CERTIFICATION | 19d. Date of Operation 19b. Condition for which operation was performed 20d. Autopsy?  Yes \( \) NO \( \) CAUSES OF DEATH?   |
| ital ar<br>tificate<br>for u<br>af Heal   | MEDICAL CER   | 21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Yeor   P.M.   19  |
| NING PHYSICIAN by the haspital fter this certifica be detached far State Dept. af He  | ME            | 21d. INJURY OCCURRED While Not while at work AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City ar Tawn County State   |
| O HOSPITAL OR ATTENDING PHYSICIAN:  Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt |               | 22a. I certify that (I) (this haspital) attended the deceased fram 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,   |
| O HOSPITAL OR ATTEND<br>Page 4 may be retained<br>o FUNERAL DIRECTOR: A<br>director, page 3 should<br>should be filed with the  |               | 22b-SIGNATURE  DEGREE ATTENDING MED. STAFF   22c. DATE SIGNED &8   |
| TO HOSPITAL O Page 4 may be TO FUNERAL DII directar, page shauld be filed   |               | 22d. PHYSICIAN'S CONTROL TEMPORAL COVERING O/G-7/7/1 22e. ADDRESS & 2/6 Wesconswille Wellette  |
| D HOSPII<br>Page 4 m<br>FUNER<br>director,<br>shauld b  | 23a           | BURIAL, CREMATION, 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  REMOVE GROVE CEM. LAYTONSVILLE, MONTG. MD.  |
| ETE UK  | 24            | FUNERAL DIRECTOR   9-11-68   BROOKE GROVE CEM. LAYIONSVILLE, MUNIG. MD.  |
| VR ATE (4)  |               | ROBERT L. SNOWDEN ROCKVILLE, MD DATS FP 1 3 1968 Clearles Judge  |

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| 01   | 1             |   |  | D STATE DEPARTMEN                       |                        |                                       |   |
|--|---------------|---|--|---|------------------------|---------------------------------------|---|
|  |               | 13090   | DIVISION OF VITAL RECORDS,                 |   |                        | E, MARYLAND 21201                     | 12400   |
|  |               |   |  | CERTIFICATE OF D                        | EATH                   |                                       | 13102   |
| # 24   |               | ECEASED-NAME First  | Middle                                     | Last                                    | 2a.                    | DATE OF DEATH                         | 2b. HOUR                                      |
| # # # # # # # # # # # # # # # # # # #  | 1             | (ype ar print) Hus  | H A  | CAMPBELL                                | .)R                    | Month Day                             | 7 68 8 35 M                                   |
|  | 3. SI         |   | 4. RACE                                    | S. DATE OF BIRT                         | H                      | 6. AGE (In years                      | IF UNDER 1 YEAR IF UNDER 24 HRS.              |
| \$ 2 m   |               | MALE  | WHITE                                      | 6/3                                     | 1/2/                   | last birthday)                        | MONTHS DAYS HOURS MIN.                        |
| aurs<br>Pa<br>aurs   | 70            | BIRTHPLACE (State or foreign  | 7b. CITIZEN OF WHAT COUNTRY?               | 8. MARRIED NEVER MARRII                 | -/                     | INTY OF DEATH                         |   |
| executed within 24 haurs after di campletely filled in by the semance carban papers. Pages any event, within 72 haurs after  | cau           | ntry)   | 1150                                       | WIDOWED DIVORCE                         | = .                    | Lautenucou                            |   |
| 24 led appe  |               | VIRGINIA<br>ITY OR TOWN OF DEATH                                      | 11 NAME OF HOSPITAL OR IN                  | ICTUTURE (III                           |                        | JONTGOMERY JPATION (Kind at wark dane | Md.<br>12b. KIND OF BUSINESS OR               |
| ecuted within 24 campletely filled ave carban pape y event, within 7   | 10.           | 3 · L   | give street address)                       | Mark and a spiral                       | during most of v       | warking life, even if retired.)       | LINDUSTRY                                     |
| ed withi   | 12-           | DIVER DERING  | ed lived, if institution: Residence befare | 13c CITY OR TOWN 13c                    | I. INSIDE CITY LIMITS? | 13e. STREET AND NUMBER                | M.C. Schools                                  |
| pole con 15  |               | issian) STATE Where decease   | 13b. COUNTY  NONTGOMERY                    |   | ES NO                  |                                       | 2   |
| execut<br>nd cam<br>emave<br>any ev  |               | MUI   | · · · · · · · · · · · · · · · · · · ·      | 311001 -1 2100                          |                        |                                       | NARY KD.                                      |
| D un   | 14.           | FATHER'S NAME First   | Middle Last                                | Stone 15. MOTHER'S MAID                 |                        | Middle                                | Last  |
| d sels   |               | Kluah   | Alexander Camp                             |   | Marth                  |                                       | Curtis  |
| cate Cate and and  | 160.          | WAS DECEASED EVER IN U.S. ARM (es, na, ar unknawn)   {If, yes give wi | ns or dates of caprical                    |   | 1. 0                   | Address S                             | il. Spran Md.                                 |
| phy hen hen haval  |               | les WW 1  | 578-46-79                                  | 32 Mrs. Clar                            | idia Camp              | bell 2112 Sem                         |   |
| The ce   |               | 18. CAUSE OF DEATH (Enter anl   | y ane cause per line far (a), (b), and (c) | ).)                                     | 1/                     |                                       | APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH |
| ie death ce<br>attending<br>permit. Th   |               | PART I. DEATH WAS CAUSED  | O BY:<br>LTE CAUSE (a) (arcm               | ma 01/1/2                               | al of                  | Dancelle                              | 2   |
| atte<br>erm<br>erm   | 10            | 1570  | DUE TO, OR AS A CONSEQUENCE OF             | 10                                      | 1                      | 0 - 1                                 | / wan   |
| the of the atrice  |               | Canditians, if any, which gave)                                       | (b)  | o under                                 | read                   | visceral                              |   |
| hat<br>n.<br>ny t<br>ans   |               | rise to immediate cause (a), (<br>stating the underlying cause        | DUE TO, OR AS A CONSEQUENCE OF             | 1                                       | 1                      |                                       |   |
| es t<br>icial<br>icial<br>id b<br>id-tr  |               | last. /5 0  | (c)  |   | stases                 |                                       |   |
| binG PHYSICIAN: The law requires that the death certificate be exectly the haspital ar attending physician.  After this certificate has been signed by the attending physician and complete detached far use as the burial-transit permit. Then please remains the Best of Health priar to burial, crematian, or remayal, and in any   |               | PART 2. OTHER SIGNIFICANT CON   | DITIONS CONTRIBUTING TO DEATH BUT I        | NOT RELATED TO THE TERMINAL F           | DISEASE OR CONDITI     | ON GIVEN IN PART 1(a)                 |   |
| n si p p a p a p a p a p a p a p a p a p a   |               | G. MANO.  | wa Read ON                                 | Ours Vous                               | : Moan                 | Y CHASAS                              | P   |
| din the art  | TION          | 19g, DATE OF OPERATION / 19b. (                                       | CONDITION FOR WHICH OPERATION WAS P        | ERFORMED 20a. AUTOPS                    | V?                     | 20b. IF YES, WERE FINDINGS CO         | ONSIDERED IN CERTIFYING                       |
| The law ratending attending has been se as the h priar ta  | FICA          |   |  | YES 🗆                                   | NO 🗆                   | CAUSES OF DEATH?                      |   |
| is The hear of the | CERTIFICATION | 21g. ACCIDENT WAS UNDERLYIN   | G 21b. TIME OF INJURY                      |   |                        | af injury in Part 1 or Part 2, 1      | tem 18 \                                      |
| fical all He   |               | OR CONTRIBUTING CAUSE OF DEATH  | H HOUR A.M. Manth Day Year                 |   | THE PERIOD INGTON      | s at injury in rain 1 at rain 2, i    | 10.1  |
| PHYSICIAI The haspital This certifica detached fau e Dept. af He   | MEDICAL       | (If either, notify medical examin                                     | PLACE OF INJURY (AT HOME, FARM, STREET, FA | ACTORY \ 016 LOCATION CA                | D.C.D. N               | Ch. as Taura                          | County State                                  |
| ho h   | -             | While Not while   | OFFICE BUILDING, ETC.                      | ACTORY.) 21f. LOCATION Street of        | gr K.F.D. NO.          | City or Town                          | caunty state                                  |
| te D   |               | at wark at wark   |  | 11 10 11 11 11 11                       | 10/00                  | Nort 17:0                             | 100 11 1111 1111                              |
| by be Sta  |               | 22a. I certity that (I) (*hi  | is hospital) attended the deceas           | sed from that in (my)                   | 1960                   | to 19 , 19                            | te and haur and from the                      |
| R: A bed the the   |               | causes stated above   | e, (I) (we) (did) (dig not) view the       | body ofter death.                       | (opi) opinion          | deom ecconed an me da                 | re and hadr and from the                      |
| Sha in the state of the state o |               | 22b. SIGNATURE  | )   (10) (010) (010) (010)                 | ^                                       |                        | 22c. 1                                | DATE SIGNED                                   |
| RE G   |               | All   | - /RNEI                                    | DEGREE PHYS.                            | MED.<br>DIRECTO        | R D STAFF D G                         | 3-17-60                                       |
| Z A P P P P P P P P P P P P P P P P P P  |               | 22d. PHYSICIAN'S  | 4  | 22e. ADDRE                              |                        | REPLYINA                              | DRIVE   |
| RAI DE PE  |               | NAME (Type)   | BON OF GE                                  | RMW.                                    | CILIER                 | PREINE                                | Photo   |
| D HOSPITAL OR ATTENE<br>Page 4 may be retained<br>D FUNERAL DIRECTOR: A<br>director, page 3 shauld<br>shauld be filed with the   | 230           | 8URIAL, CREMATION, 23b. C   | DATE 23c NAME OF                           | CEMETERY OR CREMATORY                   | 23d                    | LOCATION (City ar Tawn)               | (Caunty) (State)                              |
| Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then pleas shauld be filed with the State Dept. of Health priar ta burial, crematian, or remayal, and   | 250           |   |  | on Church Ceme                          |                        | Lee Hall. News                        | port News, Va.                                |
|  | 24            |   | n W. Lee ADDRES                            |   | Sa. REC'D 8Y REGI      | STRAR 2Sb. REGISTRAR'S                |   |
| VR A15 (4)<br>30M REV. 1/68  | 1             | FUNERAL PIRECTORS John  | w. Lee                                     |   | DATESEP 2 C            | 1968 Jelian                           | las Indge                                     |
|  |               | AND CONTRACTOR CO I MINERALE  | - cy , , , , , , , , , , , , , , , ,       | 0.1000000000000000000000000000000000000 |                        |                                       |   |

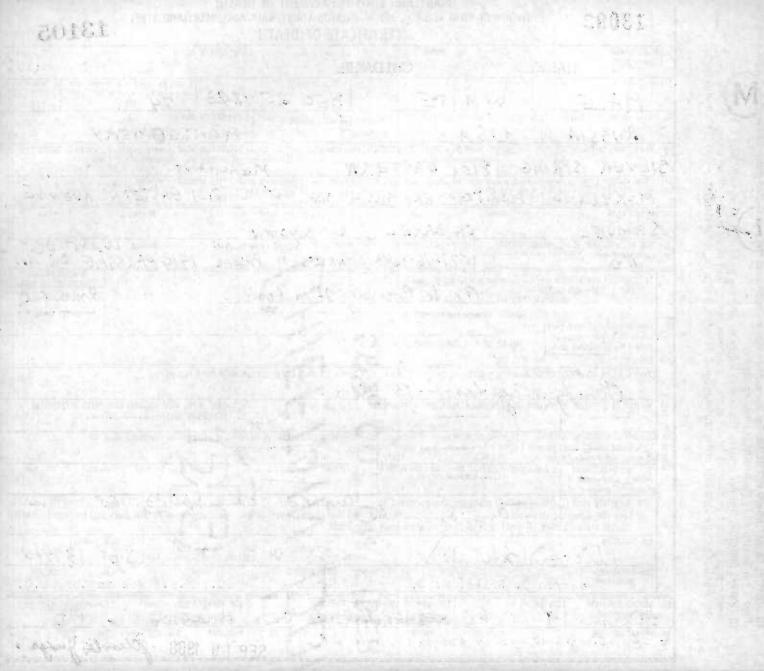


|            |                                       |  |                           | STATE DEPARTMEN              |                        |   |                             | -                              |
|------------|---------------------------------------|--|---------------------------|------------------------------|------------------------|---|-----------------------------|--------------------------------|
| 100        | 13091                                 | DIVISION OF \  |                           | 301 W. PRESTON STRE          |                        | MARYLAND 21201                            |                             |                                |
|            | 10034                                 |  |                           | ERTIFICATE OF D              | EATH                   |   | 131(                        | )3 '                           |
| ter death. | 1. DECEASED-NAME                      | First  | Middle                    | Last                         | 2o. DATE               | OF DEATH                                  |                             | 2b. HOUR                       |
|            | (Type ar print)                       | MARGARET   | 6                         | CARNAHAN                     | ,                      | Sept 2                                    | Day Year 1968               | 3 P.                           |
|            | 3. SEX                                | 4. RACE  | . /.                      | S. DATE OF BIRTI             |                        | 6. AGE (In years                          | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS.<br>HOURS MIN. |
|            | Female                                | wh   | ite                       | 7/5                          | 1880                   | last hirthday)                            |                             | HOURS MIN.                     |
|            | 7o. BIRTHPLACE (State or fo           | oreign 7b. CITIZEN OF WHA                                  | AT COUNTRY?               | 8. MARRIED NEVER MARRIE      | 9. COUNTY              | OF DEATH                                  |                             |                                |
|            | country) Scotlar                      | nd 4.5 1   | +                         | WIDOWED M DIVORCE            | D MC                   | ONTGOME                                   |                             | M                              |
|            | 10. CITY OR TOWN OF DEAT              | H 11. NA/  |                           | TITUTION (If nat in haspital | 12a. USUAL OCCUPAT     | ION (Kind of work dor                     | 12b. KIND OF INDUSTRY       | BUSINESS OR                    |
| 10         | Kensington                            | V. GIVE STI  | reet address)             | ardens Spriterin             | Housewif               | ing life, even if retired                 | own h                       | ome                            |
|            |                                       | ere deceosed lived, if institution                         | in: Residence before      |                              |                        | STREET AND NUMBER                         | / 5                         |                                |
| 15         | admission) STATE M d                  | 13b. COUNTY  | NTGOMETY.                 | Silver Spring                | ES NO 7                | 4 FOREST                                  | 6/eN K                      | W.                             |
| 1          | 14. FATHER'S NAME F                   | rst Middle   | Lost                      | IS. MOTHER'S MAID            | EN NAME First          | Middle                                    |                             | Last                           |
|            | AL                                    | exander  | 605KIRK                   |                              | Mary                   |   | JM111                       | 18                             |
|            | 160. WAS DECEASED EVER                | N U.S. ARMED FORCES? (If yes give war or dates af service) | 16b. SOCIAL SECURITY N    |                              | A 100 A 100            | Address                                   | Sil. Spr.                   | Md.                            |
|            | Yes, ng brunknown)                    |  | 219-469                   | 057 Mrs. Stan                | ley west /             | 04 Forest                                 | ylen Road                   | MATE INTERVAL                  |
|            | 18. CAUSE OF DEATH                    | I (Enter only one couse per line                           | e for (a), (b), and (c).) |                              | 0.1.6                  | 1-  | BETWEEN Q                   | NSET AND DEATH                 |
|            | PART I. DEATH V                       | VAS CAUSED BY: IMMEDIATE CAUSE (a)                         |                           | Myocard                      | (12/ IN)a              | rcTion                                    | 3 h                         | ours                           |
|            | 4109                                  |  | A CONSEQUENCE OF          | 1,1                          |                        |   | 4                           |                                |
|            | Canditians, if any, w                 |  | Chron.                    | e cerebral                   | ocorona!               | y Insult                                  | ciency                      |                                |
|            | stating the underlyi                  |  | A CONSEQUENCE OF          | . 1. 1.                      | 1.                     |   |                             |                                |
|            | last.                                 | (c)  | Arter                     | osclerotic e                 | cardiovas              |   | e25P                        |                                |
|            | PART 2. OTHER SIGNS                   | FICANT CONDITIONS CONTRIBUT                                | ING TO DEATH BUT NO       | T RELATED TO THE TERMINAL D  | DISEASE OR CONDITION ( | GIVEN IN PART 1(o)                        |                             |                                |
|            | 8 4201                                |  |                           |                              |                        |   |                             | PETERMAN                       |
| ,          | 190. DATE OF OPERATION ACCIDENT WAS   | ON 19b. CONDITION FOR WHIC                                 | CH OPERATION WAS PER      |                              | CA                     | b. IF YES, WERE FINDING<br>USES OF DEATH? | 22 CONSIDERED IN C          | KHIFYING                       |
| X          | I WILLIAM                             |  |                           | YES                          | NO 🗆                   |   | 0.11. 10.1                  |                                |
|            |                                       |  | Month Doy Year            | 21c. HOW INJURY OCCUP        | KKED (Enter noture of  | injury in raff 1 of Part                  | 2, ITem 18.)                |                                |
|            | (If either, natify med                | ical exominer) P.M.  | 19                        |                              | DED No                 | City on Town                              | County                      | Stote                          |
|            | 21d. INJURY OCCURR<br>While Not while | ED 21e. PLACE OF INJURY (                                  | OFFICE BUILDING, ETC.     | ORY.) 21f. LOCATION Street   | Of K.P.D. NO.          | City ar Tawn                              | cuoniy                      | 21016                          |
|            | at work at work                       |  | J-J N - J-,               | 16-5801.3                    | 7 10 63 +2             | Sent 77                                   | 10 6 9 that                 | (1) (ma) la                    |
|            | saw the de                            | at (I) (this hospital) atte                                | 6/27                      | 9 🕰 , and that in (mv)       | (Aur) apinian dea      | th occurred an the                        | date and haur               | and fram the                   |
|            | causes stat                           | ed above, (I) (we) (did) (                                 | did not) view the         | oody after death.            | ( / - F a da           |   |                             |                                |
|            | 22b, SIGNATURE                        | 00 0   | 1/                        | ATTENDING                    | MED                    | STAFE 2                                   | 2c. DATE SIGNED             |                                |
|            | Kaymo                                 | nd Dhadsh  | and , 1                   | DEGREE PHYS.                 | DIRECTOR               | PHYS.                                     | ept 27.1                    | 968                            |
| 1          | 22d. PHYSICIAN'S                      |  | MS                        | 22e. ADDRE                   | 5345 Un                | iversity                                  | BIVE, U                     | V                              |
| 1          | NAME(Type) R                          | aymond Bradsha   |                           |                              | Silver                 | Spring                                    | Ma:                         |                                |
|            | 230. BURIAL, CREMATION,               | 23b. DATE  |                           | CEMETERY OR CREMATORY        |                        | CATION (City or Town)                     | (County)                    | (Stote)                        |
|            | REMOVAL (Specific                     | n 9-29-1968  |                           | ncoln Cremato                |                        |   | Georges,                    | Md.                            |
| R          | 24. FUNGRAL DIRECTOR                  | Wisor Clack  | DE CLADDRESS              |                              | DATE OCT 2             | 1968 REGISTR                              | AR'S SIGNATURE              | 100                            |
| i          | Warner E. P.                          | umbreu. Inc.   | 8434 Ga A                 | ve Sil S. Md.                | DAIE OUT &             | 1000                                      | my bon                      | 4                              |

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13104 13092 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR death. (Type or print) AM kian and fampletely filled in by the fullebse cerhave carban papers. Pages 1 and in any event, within 72 haurs after 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR ecuted within 24 haurs after S. DATE OF BIRTH IF UNDER 24 HRS. last birthday) MONTHS DAYS 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED U.S.A. Alabama WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR INDUSTRY during mast af warking life, even if retired.) Homemaker Own Home 13a. USUAL RESIDENCE (Where deceased lived, if institution; Regidence before 13e. STREET AND NUMBER YES X NO 10307 AMOR 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME attending physkian an permit. Then please re requires that the death certificate be Reilv Henderson Lela Hammond 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 1030 HdreArmory Ave. Yes no, ar unknown) burial, cremation, ar remaval, Mr. Charles M. Carter, Kensington, Md 087-26-2567 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. ESPIRATORY IMMEDIATE CAUSE (a) IMONARY INFARETION of CARCINGMA RT. 1085 HONOPO signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause enmones 70 m PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the of Health prior to 19b. CONDITION FOR WHICH PERALEN WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES X NO 🗌 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. directar, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) ottended the deceased from AUG, 1968, ta Seed 21, 1968, that (I) (I) yet last saw the deceased alive an 1968, and that in (my) correspond a death occurred on the date and haur and from the couses stated abave, (1) INE (did) (did Det) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Penns Grove. Salem Co.N.J Riverview Cemetery 24. FUNERAL DIRECTOR 7557 DDR Sisconsin Avesa REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68 Bethesda. Md. DATE PUMPHREY.

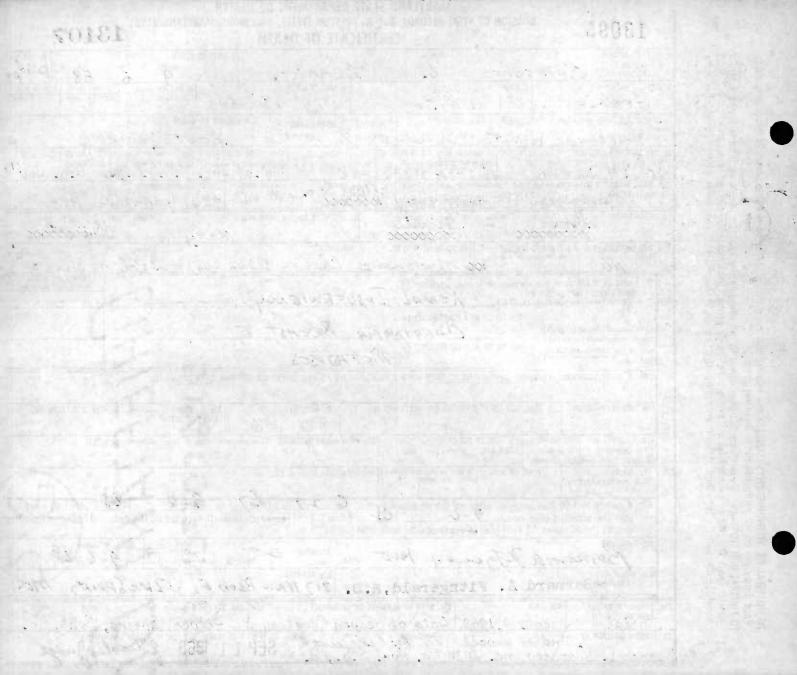
| 9 1  | 13093   | DIVISION OF  |  | W. PRESTON STREET  |  | RYLAND 21201   | 1310                        | 05  |
|--|---|--|--|--|--|--|-----------------------------|---|
| death.   | DECEASED-NAME     (Type ar print)                               | First<br>HARRY   | Middle CHI   | Lost<br>DAKEL  | 2a. DATE OF                                    | 9 Month 13 Doy                                       | 196 <b>%</b> or             | 26. HOUR A                                |
| The second secon | 3. SEX MALG   | 4. RACE  | HITE   | S. DATE OF BIRTH   |  | 6. AGE (In years last birthday)  YRS.                | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS.<br>HOURS MIN             |
| ed within 24 hours   | 70. BIRTHPLACE (Stote or country)  RUSS  10. CITY OR TOWN OF DE | IA US  |  | MARRIED NEVER MARRIED DIVORCED DIVORCED                    |  | ITGOME   |                             | Md.                                       |
| completely filled in ove carban popers. y event, within 72 ho  | BILVER  | SPRING STATE   | street oddress)_ASTE   | ERIV d   | uring mast of warking MERCHA                   | life, even if retired.)  REET AND NUMBER             | 12b. KIND OF E<br>INDUSTRY  | SUSINESS OR                               |
| comp comp love love  | admission) STATE  |  | GOMERY 3   |  | NO 810   | 1 EASTER   | Y AVE                       | NUE                                       |
|  | SAMUET<br>16a. WAS DECEASED EVER                                | IN U.S. ARMED FORCES?  | CHIDAKEL  16b. SOCIAL SECURITY NO.                               | UNKNO  |  | Address  | NASIT                       | 000                                       |
| g physic<br>moval,   | Yes, na, ar unknawn)  | (If yes give war or dates of service)  TH (Enter only ane cause per lin      | 577-/6-369   | 3 CHARLES A  |  | 1919 PARK  | APPROXIM                    | R. NW ATE INTERVAL SET AND DEATH          |
| deoth attendin ermit.  | PART I. DEATH   | WAS CAUSED BY: IMMEDIATE CAUSE (o)   | Coute Core   | may Thomas   | bosis  |  | 9mm                         |   |
| physician.  physician.  signed by the attending physician burial-transit permit. Then please burial, cremation, or removal, and  | Canditians, if any,<br>rise ta immediate<br>stating the underl  | which gave (b)   | AS A CONSEQUENCE OF  |  |  |  |                             |   |
| requires that the death certificing physician. signed by the attending physis burial-transit permit. Then poburial, cremation, or removal,   | PART 2. OTHER SIG   | (c)  |  | ELATED TO THE TERMINAL DISE                                | ASE OR CONDITION GIVE                          | N IN PART 1(a)                                       |                             |   |
| AN: The law real or otherwing all or otherwing icate has been for use as the Health prior to   | 190. DATE OF OPERAL   | cologies Cign A  | ans — 15<br>ICH OPERATION WAS PERFOR                             | yeus .<br>MED 200. AUTOPSY?<br>YES □                       | CALICEC  | YES, WERE FINDINGS CO                                | NSIDERED IN CER             | RTIFYING                                  |
| ICIAN: The pital or o rificate had for use of Health   | 210. ACCIDENT WAS   |  | Month Day Year   | 21c. HOW INJURY OCCURRED                                   | NO (Enter nature of injus                      | y in Port 1 or Port 2, I                             | tem 18.)                    |   |
| G PHYSIC<br>the hospit<br>this certii<br>detached<br>te Dept. of   | 21d. INJURY OCCUR While Not whit                                | RED 21e. PLACE OF INJURY   | 19<br>( AT HOME, FARM, STREET, FACTORY,<br>OFFICE BUILDING, ETC. | ) 21f. LOCATION Street or R                                | R.F.D. Na. City                                | ar Tawn  | Caunty                      | State                                     |
| O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or oftending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached for use as the burial-tran should be filed with the Stote Dept. of Health prior to burial, cre  | 22a. I certify t  | hat (I) (this hospital) atta<br>eceased alive an<br>ted abave, (I) (we) (die | ended the deceased f   | rom Cugunt 3)<br>28, and that in (my) (a<br>y after death. | r) 19 <u>.52</u> , ta_d<br>ur) apinian death d | ccurred an the day                                   | te and haur a               | (1) ( <del>we) l</del> ast<br>nd fram the |
| OR AT<br>be retain<br>DIRECTO  | 22b. SIGNATURE  | Darus Brill  | · ws   | DEGREE PHYS.   | MED. DIRECTOR                                  | STAFF PHYS. $\square$ $\stackrel{22c}{{{}{}{}{}{}}}$ | SATE SIGNED                 | 1968                                      |
| O HOSPITAL OR Page 4 may be O FUNERAL DIR director, poge 3 should be filed 3   |   | Warren D. Bril   |  |  | lóth St.,                                      |  |                             |   |
| TO HOS   | 230. BURIAL, CREMATION  REMOVAL (Specify)  24. FUNERAL DIRECTOR | - 9-15-6   | 8 KESHER   |  |  | N (City ar Tawn)  S J D S  2Sb. REGISTRAR'S          | (County)                    | (State)                                   |
| VR A15 (4)<br>30M REV. 1/68  | BERNARD   | DANZANSKY  | +50 NS-W.  | AS (+ DC DATE  |  | 1968 gelie   | rles Ja                     | ye.                                       |



| 1        | 1                 | MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212  | 01                              | •   |
|----------|-------------------|---|---------------------------------|---|
|          |                   | 13094 MEDICAL EXAMINER'S CERTIFICATE OF DEATH   | 1                               | 3106  |
|          | 1, [              | CEASED-NAME First Middle Lost 20. DATE K OF OF DEATH I  | [3]I-                           | Doy Yeor 2b. Floor<br>14 1968 45                            |
|          | 3. 5              |   | 9 Day 14                        | Year 1968 2 Am  |
|          |                   | BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEA   17y) New York   USA   WIDOWED   DIVORCED  | gomery                          | Md  |
| 68       |                   | ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital dwing most of working lite chanica.  12. USUAL OCCUPATION (K dwing most of working lite Chanica.  | l even if refired.)<br>L Drafts | 12b. KIND OF BUSINESS OR INDUSTRY Manuf.                    |
| Short.   |                   | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c: CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET smission) STATE Florid 3b. COUNTY Sarasota Sarasota YES № № 3334   | AND NUMBER Savage               | Road  |
| 2        | 14.               | ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Vito NMI Claps Marie Angeline   | Middle                          | Tuoti   |
| /Z hours |                   | was deceased ever in u.s. armed forces?  16b. Social Security Nd.  17. Informant  O44 O1 0984 Wife Camille  | ADDRESS<br>Same                 |   |
|          |                   | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN | Acufe.                          | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH Sodders  Ledis |
| 2        | CATION            | 4201  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  | 7/10/                           | 20. AUTOPSY?  |
| d        | CAL CERTIFICATION | 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M.  | in Port 1 or Port 2, Ite        | YES NO (2)  |
|          | MEDICAL           | CAUSE OF DEATH  | r Town                          | County State  |
| 2        |                   | 22a. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection   | ermined manner 22b. DATE S      | SIGNED 4.14,1968  |
| 2        | 23                | BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION ( PRIMOVAL (Specify) 9-17-68 Bucks Hill Cem. Waterb  | (City or Town)                  | (County) (State)  |
|          | AA C              | FUNERAL DIRECTOR Supplies 75.57 Majorssin Eng 250. REC'D BY REGISTRAR DEP 1 8 1968  | 256 REGISTRAR'S                 | SIGNATURE   |

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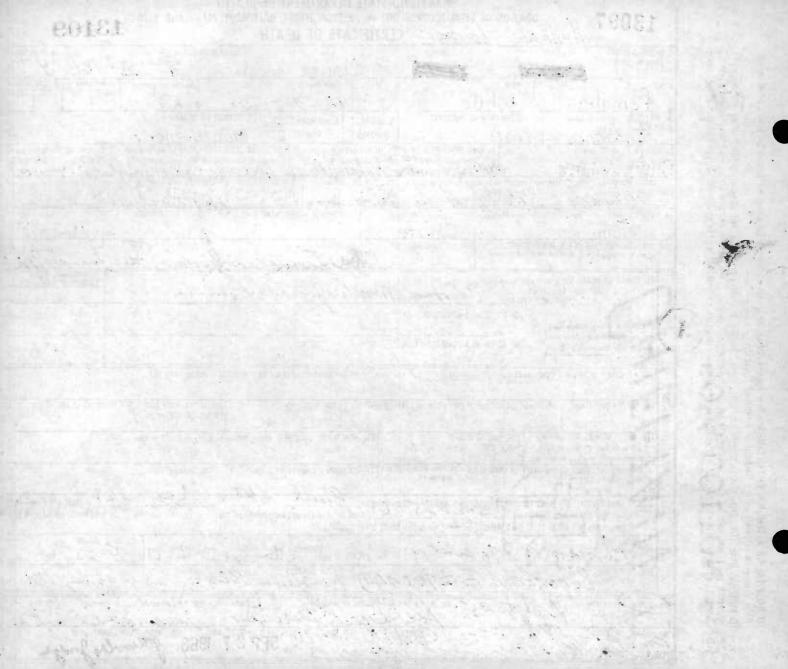
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13095 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2b. HOUR First 2a. DATE OF DEATH (Type or print) aTHERINE LARK 4. RACE > IF UNDER 1 YEAR buriol-fronsit permit. Then pleose remove carbon papers. Pages buriol, cremotion, ar removol, and in any event, within 72 hours after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. HOURS last birthday) temale 23. YRS within 24 hours 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED 9. COUNTY OF DEATH mpletely filled in WIDOWED 5 DIVORCED [ MONTECOMERL 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if setired.) Jun of Doc. 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13b. COUNTY YES DY exe 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First and ununown rall Catyonsent 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address requires that the death certificate Yes, no, or unknown) (If yes give war or dates of service) Charles C 18. CAUSE OF DEATH (Enter only one couse per line for (g)g(b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ENAL DUE TO. OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gove ) ARCINOMA rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause METHOTASES PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been Page 4 may be retained by the hospital or attending director, page 3 should be detoched far use os the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO M YES 🗌 O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 23b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while twork of wark at work L 22a. I certify that (1) (this hospital) attended the deceased from. 1965, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on.... causes stated above, (I) (we) (did) (did not) view the bady ofter death 22b. SIGNATUR 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 22e. ADDRESS 217 Univ Blub E, NAME (Type) Bernard A. Fitzgerald, M.D. 23d. LOCATION (City or Town) (State) BURIAL, CREMATION, REMOVAL (Specify) (County) 23b. DATE Diluer. Gate of Heaven Cemetery A Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Dwall VR A15 (4) Ave. 8434



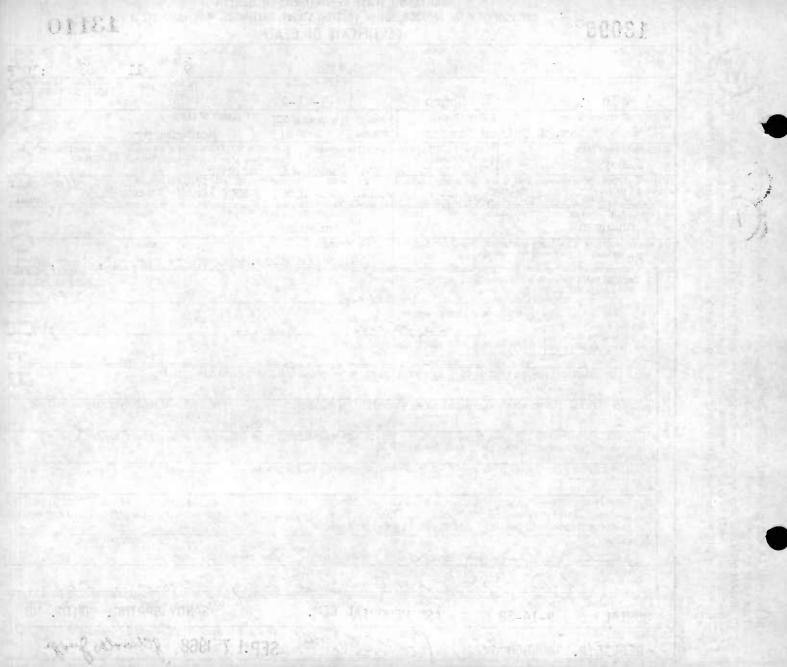
| 5 12   |               | 13096  | DIVISION OF VITAL RECORDS,   | D STATE DEPARTMENT OF<br>301 W. PRESTON STREET, BA<br>CERTIFICATE OF DEATH | LTIMORE, MARYLAND 21201  | 13108  |
|--|---------------|--|--|--|--|--|
| or death.<br>Tuneral<br>and 2  | (             | ECEASED-NAME First Type or print) Rebe   |  | Clarke   | 2a. DATE OF DEATH September 2009   | 1968 2b. HOUR  |
| y. the fu  | 3. SI         | Male   | 4. RACE White  | S. DATE OF BIRTH 12-31-94  | 6. AGE (In years last birthday)  | IF UNDER 1 YEAR IF UNDER 24 HRS. MOINTHS DAYS HOURS MIN. |
| 24 haur<br>d in 8y<br>per. P   | cqui          | ntry) New York   | 7b. CITIZEN OF WHAT COUNTRY?   | 8. MARRIED NEVER MARRIED WIDOWED DIVORCED                                  | 9. COUNTY OF DEATH  Montgomery   | Md.  |
| cuted within 24<br>Smpletely filled in<br>ve carban paper<br>event, within 72  | 20            | city or town of death akoma Park   | 11. NAME OF HOSPITAL OR INS<br>give street address)<br>Washington S  | an & Hospital during   | SUAL OCCUPATION (Kind of work dane most of working life, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY Huto Company           |
| cuted chapter ave car  | adm           | issian STATE   | d lived, if institution: Residence befare  | 13c. CITY OR TOWN 13d. INSIDE CITY OF TOWN YES                             | Y LIMITS? 13e. STREET AND NUMBER NO 2713 Nichelson                         |  |
| be execut<br>and dom<br>seremane<br>d in any ev  | 14. 1         | FATHER'S NAME First Robert   | Middle Last  M. Clark  | IS. MOTHER'S MAIDEN NAME   | First Middle   | Last   |
| tificate<br>hystern<br>n pleas<br>val, and   | 16a.<br>Y     | es, na or unknown) (If yes give wor  | D FORCES? or dates of service) 16b. SOCIAL SECURITY N 218-24-09  | 0 12 6 01  | Address  |  |
| ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. stained by the hospital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and completely filled in 5y. the funeral should be detached far use as the burial-transit permit. Then please, remave carban papers. Pages I and 2 inth the State Dept. at Health priar ta burial, cremation, ar remaval, and in any event, within 72 nours of the death. |               | PART I. DEATH WAS CAUSED   | ane cause per line far (a), (b), and (c). BY: E CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF | uplupen  | edema  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  1 Z  .5    |
| : The law requires the ratending physician. e has been signed by use as the burial-translift priar ta burial, cre  | CERTIFICATION | 19a. DATE OF OPERATION 19b. CO   | ONTRIBUTING TO DEATH BUT NO  | and "America   | 20b. IF YES, WERE FINDINGS CO  | NSIDERED IN CERTIFYING                                   |
| SICIAN:<br>spital ar<br>ertificate<br>ed far us  | MEDICAL CER   | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine | HOUR A.M. Manth Day Year<br>P.M. 19  |  | nter nature of injury in Part 1 or Part 2, It                              |  |
| G PHYSICI the haspit this certif detached te Dept. af  | ٧             | While Nat while at wark at wark  | LACE OF INJURY (AT HOME, FARM, STREET, FAE<br>OFFICE BUILDING, ETC.  | ) 2111 200111011 211011  |  | Caunty State   |
| OR ATTENDING PHYSICIAN be retained by the haspital DIRECTOR: After this certifica e 3 should be detached far ed with the State Dept. af He   |               | saw the deceased ali   | haspital) attended the decease<br>ve an 9 2 5 6 1<br>(1) (we) (dld) (did not) view the l                                       | 9 and that in (my) (aur) a   | , ta, 19, 19<br>pinian death accurred an the dat                           | e and haur and fram the                                  |
| d w  |               | 22b. SIGNATURE  alveel  22d. PHYSICIAN'S   | James  | DEGREE ATTENDING PHYS.   | MED. STAFF DIRECTOR PHYS. D  | ATE SIGNED 9 26 6 8                                      |
| TO HOSPITAL of Page 4 may be to FUNERAL D director, page shauld be file  | 23a           | NAME (Type) Patri BURIAL CREMATION. 23b. DA  |  | 0. 117   | 18 beargu sile<br>23d. LOCATION (City or Town)                             | (Caunty (State)  |
|  | 24.           |  | 28-68 Gate   | CEMETERY OR CREMATORY  A Heaven Cemetery  Manuland 25a. REC'E              | D BY REGISTRAR 25b. REGISTRAR'S S  | mery Co., Md.  |
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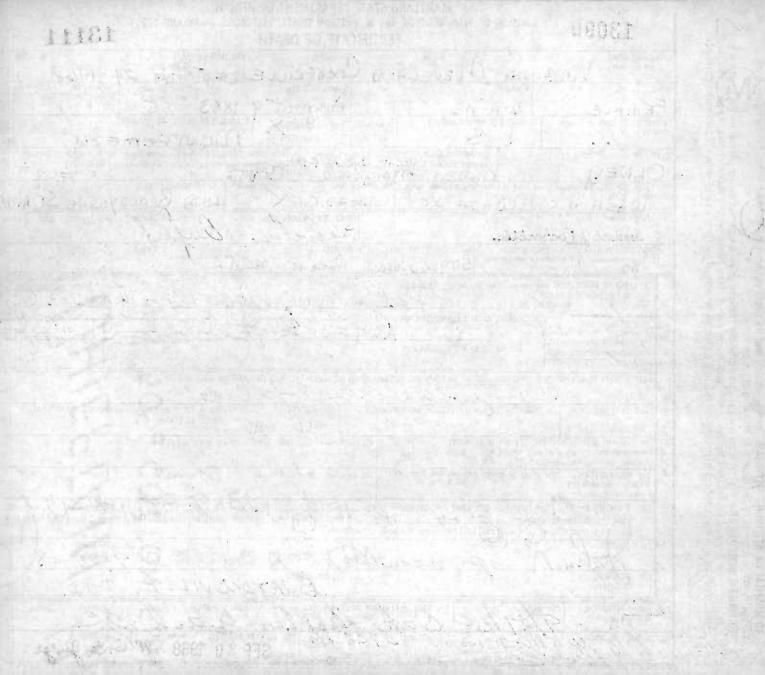
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|  |  | 13097 HELEN COL  | TAL RECORDS, 301 W. PRE  | TE OF DEATH                          | E, MAKTLAND 21201   | 3109  |
| attending physicion.  hos been signed by the attending physicion and completely filled in by the funeral see os the burial-tronsit permit. Then please remove corbon papers points the prior to burial, cremation, or removal, and in any event, within 72 hours are death.  |  | EASED-NAME First pe or print)  | Middle   | Lost 20.                             | DATE OF DEATH Month Doy   | Yeor 4 Our  |
| the fun  | 3. SE                                  | female A. RACE White   |  | DATE OF BIRTH 12 - 30 - 1908         |   | IF UNDER 1 YEAR IF UNDER 24 HRS. ADNTHS DAYS HOURS MIN. |
| 200  | 7o. E<br>cour                          | RTHPLACE (State or foreign 7b. CITIZEN OF WHAT ( The state of the stat | OUNTRY? 8. MARRIED WIDOWED   | NEVER MARRIED 9. COU                 | inty of DEATH   | Md  |
| ely filled<br>bon pop<br>within  | SI                                     | ver Spring atthe   | OF HOSPITAL OR INSTITUTION (If not a coddress) 1000 Dalevieu (Clucodland Nursi | Drive during most of v               | UPATION (Kind of work done working life, even if retired.) .  Ment administrative | 12b. KIND OF BUSINESS OR INDUSTRY. Govern               |
| complete ove corby event,  | odmi                                   | ISUAL RESIDENCE (Where deceosed lived, if institution: sion) STATE 13b COUNTY Montgo   | Residence before 13c. CITY OR TO   | DYN 13d. INSIDE CITY LIMITS?  YES NO | 13e. STREET AND NUMBER  | ve)   |
| se rem   |  | THER'S NAME First Middle Tohn  | Clouse   | MOTHER'S MAIDEN NAME First           | Middle  | Beatty  |
| physicic<br>en plea<br>ovol, an  |  | WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of service)   | SOCIAL SECURITY NO. 17. INF  | Whesandra                            | Linclair air  | Jason Mil   |
| ending I<br>nit. The<br>or remo  | 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | IB. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)   | r (a), (b), and (c).)  | cytic Lenke                          | mer   | APPROXIMATE INTERVAL BETWEEN DISET AND OEATH            |
| the atternation,   | 1                                      | Conditions, if ony, which gove rise to immediate couse (a),  | CONSEQUENCE OF   |                                      |   |   |
| Page 4 moy be retained by the hospital or attending physicion.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 health burial to b |  | stoting the underlying couse DUE TO, OR AS A   |  |                                      |   |   |
| en sign<br>the bur<br>to buri  | NC                                     | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  |  | HE TERMINAL DISEASE OR CONDITI       |   |   |
| for use os the Health prior to   | CERTIFICATION                          | 190. DATE OF OPERATION 196. CONDITION FOR WHICH (  |  | 20o. AUTOPSY?  YES NO                | 20b. IF YES, WERE FINDINGS CON<br>CAUSES OF DEATH?                                |   |
| ed for u   | MEDICAL CE                             | (If either, notify medical examiner) P.M.  | onth Doy Yeor  |                                      | e of injury in Port 1 or Port 2, Ite  |   |
| detoche<br>te Dept.  | - 1                                    | While Not while twork of work  | IDME, FARM, STREET, FACTORY.) 21f. LOCA<br>CE BUILDING, ETC.                   | ATION Street or R.F.D. No.           | City or Town  | County Stote  |
| <b>5 FUNERAL DIRECTOR:</b> After this ce director, page 3 should be detoche should be filed with the State Dept.   |  | 22a. I certify that (I) (this hospital) attends saw the deceased alive on couses stated above, (I) (we) (did) (did)  |  | that in (my) (our) opinion of the    | death occurred on the dote  | e and hour ond from the                                 |
| OIRECTO  | 1                                      | 22b. SIGNATURE Demarda Difge   | DEGREE   | ATTENDING MED.                       | STAFF 22c. DA   | TE SIGNED -25-68  |
| tor, pag   | 2                                      | 22d. PHYSICIAN'S BERNARD A. F.   | 729eRALI)  | 22e. ADDRESS<br>217 Unw B            | ly E, Selver  | spring hed  |
| direct   |  | BURIAL CREMATION, REMOVAL (Specify) 238. DATE 39-1968  | 23c. NAME OF COMETERY OR CO  | Klamelery                            | LOCATION (City or Town)   | (County) (Stote)  |
| VR A15 (4)<br>30M REV. 1/68  | 24.                                    | UNIFIAL DIRECTOR   | ADDRESS COLOR  | DATE SEP 2                           | T 1968 REGISTRAR'S SI   |   |



| 1  | 13098  | DIVISION OF VITAL RECORDS,  | 301 W. PRESTON STREET, BALL CERTIFICATE OF DEATH        |   | 13110  |
|--|--|---|---|---|--|
|  | ASED-NAME First or print) FRA  | Middle<br>ANK NMN   | Lost<br>COATES  | 20. DATE OF DEATH  9 Month 11 Doy   | 2b. HOUR 8 10 P                                      |
| 3. SEX   | Male   | 4. RACE & Negro   | s. date of birth<br>3-21-19                             | 6. AGE (In years last birthday) 49 YRS.                                   | MONTHS DAYS HOURS MIN.                               |
| 7a. BIR1<br>country  | HPLACE (Stote or foreign)<br>Washington, DO  | 75. CITIZEN OF WHAT COUNTRY?<br>United States   | B. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED         | 9. COUNTY OF DEATH Montgomery   | Md.  |
| 69 10. CITY  | or town of death<br>Olney  | 11. NAME OF HOSPITAL OR IN:   | during n  | JAL OCCUPATION (Kind of work done nast of warking life, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY                    |
| 15 admission   | UAL RESIDENCE (Where deceos<br>on) STATE Maryland  | ed lived, if institution: Residence before  | 13c. CITY OR TOWN 13d. INSIDE CITY                      |   | Road Budd  |
| / 14. FATH   | ter's NAME First unknown   | Middle Lost   | 1s. MOTHER'S MAIDEN NAME unknown                        | First Middle  | Lost   |
| 16a. WA<br>Yes,  | AS DECEASED EVER IN U.S. ARM   | NED FORCES? ar or dates of service)   |   | Address<br>Montgomery Genera  | al,Olney.Md  |
| Constitution of the consti | nditions, if ony, which gove e to immediate cause (a), atting the underlying cause st.                             | ly ane cause per line for (a), (b), and (c).  BY:  DUE TO, OR AS A CONSEQUENCE OF  (b).  DUE TO, OR AS A CONSEQUENCE OF  (c).  IDITIONS CONTRIBUTING TO DEATH BUT N | drites', chear  |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 Mos. |
| CERTIFICATION 151  | a. DATE OF OPERATION 19b.  | CONDITION FOR WHICH OPERATION WAS PE  | YES NO P  | 20b. IF YES, WERE FINDINGS CONTROL CAUSES OF DEATH?                       |  |
| WEDICAL OF   | or contributingcause of DEAT either, natify medical examin id. INJURY OCCURRED   21e. 'hile Not while work of work | H HOUR A.M. Manth Day Year<br>p.M. 1<br>PLACE OF INJURY (AT HOME, FARM, STREET, FAI<br>OFFICE BUILDING, ETC.  | TTORY,) 21f. LOCATION Street or R.F.D. N                | lo. City or Tawn  | Caunty State   |
| 22   | saw the decased of causes stated above b. SIGNATURE  d. PHYSICIAN'S NAME (Type)                                    | is haspital) attended the deceosive an second (i) (we) (did) (did not) view the   | bady after death.  DEGREE ATTENDING PHYS.  22e. ADDRESS | MED. STAFF DIRECTOR PHYS. 22c.  | the ond hour and from the                            |
| 230. BI  |  |   | CEMETERY OR CREMATORY<br>EMORIAL CEM.                   | 23d. LOCATION (City or Lown)<br>SANDY SPRING                              | G, (County) (State) MD                               |
|  | NERAL DIRECTOR  GEORGE R. SEC  | ADDRESS ROCK  | 1/ 1/1/82/1   | BY REGISTRAR 25b. REGISTRAR'S P 1 7 1968 CLICA                            |  |





| 1  |  |    |  | MARYLAND STATE DEPARTMENT OF HEAL  |   |
|----|--|----|--|--|---|
| /  |  |    | 13100  | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOR   | E, MARYLAND 21201                                   |
| 2  |  |    | 19700  | CERTIFICATE OF DEATH   | 13112   |
|    | ÷ _ ~ ÷  | ī  | DECEASED-NAME . Sir  | Middle Last 2a.  | DATE OF DEATH 2b. HOUR                              |
|    | er death<br>funeral<br>of ond 2<br>er death  |    | (Type or print)  | mas Bradley (alhuer)   | A Month Doy Year Vac                                |
|    | er er  | 3  | SEX  | 4. RACE . S. DATE OF BIRTH   | 6. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS.    |
|    | = ===  |    | male   | white \$15/93  | last birthday) YRS. MONTHS DAYS HOURS MIN.          |
|    | ours<br>Po   | 7  | a. BIRTHPLACE (State or foreign  | 7b. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. CO   | UNTY OF DEATH                                       |
|    | <b>G PHYSICIAN:</b> The law requires that the death certificate be executed within 24 hours after death the haspitol ar ottending physician.  This certificate has been signed by the attending physician and completely filled in by the funeral detached for use as the burial-transit permit. They prace the prove carbon papers. Pages 4 and 2 the Dept. at Health priar to burial, cremotion, or removal and in ony event, within 72 hours after death  | ľ  | wash. D.C.   | USA. WIDOWED DIVORCED 1  | W teamer of   |
| Ξ, | executed within 24 h<br>d completely filled in<br>emove carbon papers<br>ony event, within 72 t  |    | D. CHEY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCC   | UPATION (Kind of work done 12b. KIND OF BUSINESS OR |
|    | with with with   | 0  | be thes da   | give street address)  Love by the street and street during most of the street and street | working life, even if settled INDUSTRY Laundry      |
|    | omplete<br>ve carl<br>event,   |    | Ba. USUAL RESIDENCE (Where dece  | ised lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?  | 13e. STREET AND NUMBER                              |
|    | eve year   |    | Wash. D.C  | 186. COUNTY Wash. D.C. YES NO□   | 6615 63 St. N.W.                                    |
|    | ond co   | 21 | A. FATHER'S NAME First   | Middle Last 15. MOTHER'S MAIDEN NAME First   | Middle Last   |
|    | 6 2 6  | L  | WINTIEL  | Soft Solderal EU   | la E Birch  |
|    | sician<br>sician<br>pease<br>and   |    | 6a. WAS DECEASED EVER IN U.S. A<br>Yes na or unknown (If yes giv                       | war or dates of service)   | ntirekel Address-College Fare                       |
|    | THE STATE OF THE S |    | 74.  | 578-05-9479 Thomas Kalyna  | APPROXIMATE INTERVAL                                |
|    | ot the death cert<br>the attending pansit permit. Thei<br>motion, or remov   |    | 1B. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAUSE                                      | nly ane cause per line far (a), (b), and (c).)   | BETWEEN ONSET AND DEATH                             |
|    | endi<br>mit.   |    |  | IATE CAUSE (a) Mycan del dufar   | Sion 48hrs.   |
|    | ath<br>per<br>ion,   |    | 4/09   | DUE TO, OR AS A CONSEQUENCE OF   |   |
|    | the<br>the<br>rnot   |    | Canditians, if any, which gave<br>rise to immediate cause (a)                          | (b) Co o o car o co o co   | 1021 78her  |
|    | tho<br>by<br>tran  |    | stating the underlying caus  |  | 10  |
|    | equires that the death physician. signed by the attendi burial-transit permit. burial, cremation, or r   |    | last.  | (i) Anomorousis  | 10 year   |
|    | sig<br>bu  |    | PART 2. OTHER SIGNIFICANT C  | INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT  | ON GIVEN IN PART I(a)                               |
|    | ding<br>ding<br>ding<br>the<br>the   | -1 | 19g. DATE OF OPERATION 19  | COMIN al VION 1 C 174 CLOR 4   | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING |
|    | the loas bas bas as bas brid   | 2  | I 19d. DATE OF OPERATION 119   | YES NO TO  | CAUSES OF DEATH?                                    |
|    | YSICIAN: The law requires aspitol ar ottending physici certificate has been signed the for use as the burial-tot. at Health priar to burial-tot.   | ~  | 19a. DATE OF OPERATION 19  |  | o of injury in Part 1 or Part 2 Item 181            |
|    | IAN<br>fical<br>for<br>for<br>He   |    |  | ATH HOUR A.M. Month Day Year   | e at injury in run 1 at run 2, nem 16.              |
|    | S PHYSIC<br>the haspit<br>this certif<br>detached<br>e Dept. af  |    | OR CONTRIBUTING CAUSE OF DI  (If either, notify medical exart  21d. INJURY OCCURRED 21 | iner) P.M. 19 P. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.   | City or Tawn County State                           |
|    | PHYS<br>he has<br>his cer<br>etache<br>Dept.   |    | While Nat while  | OFFICE BUILDING, ETC.  | chy di luwii  |
|    | de de de ote   | 1  | at wark at wark  | his hospital) attended the deceased from Oct 1962, 1967,   | to 20012019 68 that (1) (we) to                     |
|    | d by After d be Stot   |    | saw the deceased   | glive on Seat 19 1948, and that in (my) (our) opinion  | death accurred on the dote and hour and from th     |
|    | ATTENC<br>stained<br>CTOR: A<br>should<br>ith the  |    | couses stated abo  | re, (I) (w <del>e) (did)</del> (did not) view the body ofter death.  |   |
|    | R ATTENI<br>retained<br>reCTOR: A<br>3 should<br>with the  |    | 22b. SIGNATURE   | MED.   | STAFF 22c. DATE SIGNED                              |
|    | DIRE<br>DIRE   |    | 1 des  | a di Human DEGREE PHYS. DIRECTO  |   |
|    | moy be RAL DIRI  | 7  | 22d. PHYSICIAN'S<br>NAME (Type)  | n D HErman 22e. ADDRESS 4801 Mont  | Lamen ha R Dantrome                                 |
|    | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. af Health priar to burial, creating the purial, creating the purial of the state of the | -  |  |  | LOCATION* (City or Town) (County) (State)           |
|    | Poge 4 r<br>Funer<br>director,   |    |  | 20 1010 10 10 10   |   |
|    |  | +  | A CUNEDAL DIPECTOR   | APPOPERS ( ) A 250 PEC'D BY PEG  | ISTRAR 2Sb. REGISTRAR'S SIGNATURE                   |
|    | VR A15 (4)<br>30M REV. 1/6   | 8  | Harris & M. An   | rew Drivall T. Confront Rivall DATESEP 2   | 5 1968 Polionles Judge                              |
|    |  | 1  | variner (. Pumph   | TEN THE 8414 HE HUE DAL DON THE UNITED LA  |   |

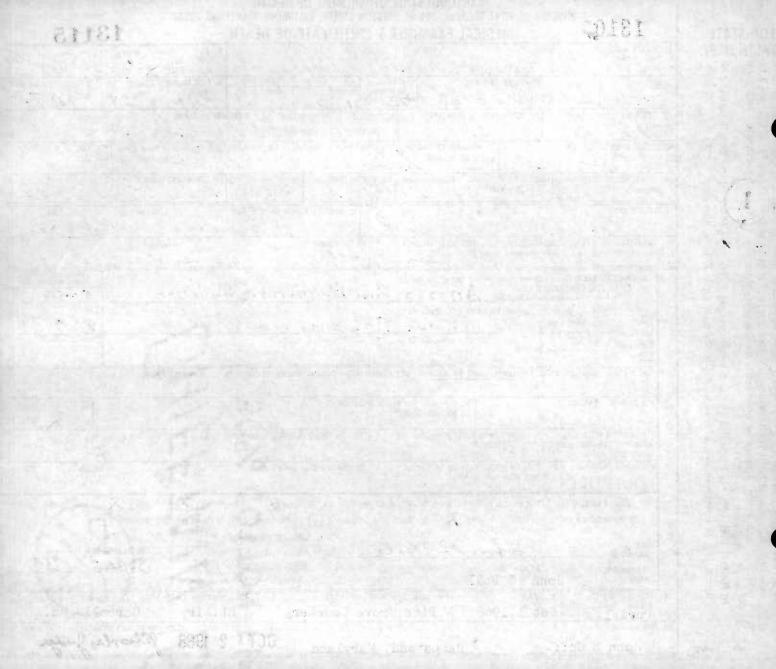
| 1             | 13103  | DIVISION OF VITAL RECORDS   | CERTIFICATE OF DE                          |   | 13113                                     |                                |
|---------------|--|---|--|---|---|--------------------------------|
| 1.            | DECEASED-NAME Fir<br>(Type or print)                       | Middle  | Collin .                                   | 2a. DATE OF DEATH  Mantl  | 7 00                                      | 2b. HOUR                       |
| L             | SEX  | 4. RACE NEGEO   | S. DATE OF BIRTH                           | 5-1875 6. AGE (1  | n years IF UNDER 1 YEAR MONTHS DAYS  YRS. | IF UNDER 24 HRS.<br>HOURS MIN. |
| co            | BIRTHPLACE (State or foreign untry) TEXAS                  | 7b. CITIZEN OF WHATEGUNTRY?   | 8. MARRIED NEVER MARRIED WIDOWED DIVORCED  | □ Montgome  | A   | Md.                            |
|               | CITY OR TOWN OF DEATH                                      | Potomac Vall  | ex Nsq. Home                               | 2a. USUAL OCCUPATION (Kind of luring most of working life, even | if retired.) INDUSTRY                     | BUSINESS OR                    |
| ad            | missian) STATE Wash. D.C                                   | cosed lived, if institution: Residence before 13b. COUNTY Washington                | Washington, DC YES                         |   | mass. Ave. S.                             |                                |
|               | . FATHER'S NAME First                                      | Middle Lost   | 1S. MOTHER'S MAIDEN                        | NAME First  | Middle                                    | Last                           |
| 16            | Mone.  | re war ar distas of service)  | ERMA 3                                     | J. Morgan   | Address 3405 MASS                         | OP S.E.                        |
| 1             | 18. CAUSE OF DEATH (Enter<br>PART I. DEATH WAS CAU<br>IMME | anly ane cause per line far (a), (b), ond (<br>SED BY:<br>DIATE CAUSE (o)           | bul Inta                                   | ution'  | BETWEEN OF                                | NSET AND DEATH                 |
|               | Canditians, if any, which gave rise to immediate couse (o  | DUE TO, OR AS A CONSEQUENCE C   |  | mbonis  | 2,  | 4 L.                           |
|               | stating the underlying caus                                | e) DUE 10, OR AS A CONSEQUENCE C  | hel and                                    | teriosolum  | is he                                     | hours                          |
| N.C.          | 335 V  | CONDITIONS CONTRIBUTING TO DEATH BUT  | Gremon                                     | *   |   |                                |
| CEDTIELCATION | 19a. DATE OF OPERATION                                     | Pb. CONDITION FOR WHICH OPERATION WAS   | YES 🗌                                      | NO CAUSES OF DEATH  |   | RTIFYING                       |
| MEDICAL CE    | OR CONTRIBUTING CAUSE OF D                                 | HOUR A.M. Month Doy Yes   | or<br>19                                   | D (Enter noture of injury in Port                               | 1 or Part 2, Item 1B.)                    |                                |
| M             | While Nat while at work at wark                            | I.e. PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.                 | 1  | R.F.D. No. City ar Town   | Caunty                                    | Stote                          |
|               | sow the deceased   | this hospitol) ottended the deceded olive on 3 ve, (I) (we) (did) (did not) view th | 19 and that in (my) (c                     | our) opinion deoth occurred                                     | on the dote and hour                      | (I) (we) los<br>ond from the   |
| 1             | 22b. SIGNATURE   | L Jose 7  | DEGREE ATTENDING PHYS.                     | DIRECTOR D STAFF  | 22c. DATE SIGNED                          | 1                              |
|               | 22d. PHYSICIAN'S<br>NAME (Type)                            | 0   | 22e. ADDRESS                               |   | 1/1/                                      |                                |
| 23            | a. BURIAL, CREMATION, 23<br>REMOVAL (Specify)              | 99-68   | F CEMETERY OR CREMATORY<br>Church Cemetery |   | exas                                      | (Stote)                        |
| 24            | FUNERAL DIRECTOR   | ADDRE   | I HAAL hole                                |   | REGISTRAR'S SIGNATURE                     | 100                            |

4 4 6 6 8 Comment of the state of the sta Trong from y Racker 11 e stemme lieby Alag. Hone VELL DE Berlinden Hersbright X 3405 Mars Ace S.E. John I Khaner 3017-12 di 718 Mabile

|  | 1       | MAKYLAND STATE DEPARTMENT OF HEALTH  |
|--|---------|--|
|  |         | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |
| The same of the sa |         | 13102 Lem 2a & CERTIFICATE OF DEATH KK 13114   |
| II - WE  | 1.      | DECEASED-NAME First Middle Lost , 2a. DATE OF DEATH 73 , 2b. HOUR  |
| ered deat  |         | (Type or print) 50 + N A CONDON 9 Month 72 Day 68 Year M   |
| fune<br>fune<br>i I of   | 3.      | SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.   |
| haurs after deat<br>haurs after deat<br>by the funera<br>Pages I and<br>haurs after deat   |         | MALE WHITE 4/27/16 last birthday) YRS. MONTHS DAYS HOURS MIN.  |
| by P aur   |         | . BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 7 19. COUNTY OF DEATH   |
| Per de la  | ((      | N. YORK U.SA WIDOWED DIVORCED MONTGOMERY Md.   |
| 4 . = 6.3 -  | 10      | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dame 12b. KIND OF BUSINESS OR  |
| # 55   | 1 j     | 3 ethes scla  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work dame during most of working life, even if retired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work dame during most of working life, even if retired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) |
| ecuted w camplete  | 13      | a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare   13c. CITY OR TOWN   |
| amp awe  | 000     | MASH. DC 13b. COUNTY WASH. DC YES NO 3212 CRESTAUT ST NEW  |
| and camprements of the control of th | 3 14    | . FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last   |
| be nar   |         | JOHN CONDON CAROLINE CASSIDY   |
| equires that The death certificate be exect physician. signed by the attending physician and coburial-transit permit. Then please remoburial, crematian, or remayal, and in any  | 10      | 10. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT BAddress wille Mol  |
| tific<br>hys   |         | VES WINTE 1941-1945 UNKNOWN Chester J. H. Idreth - 13019 Blackmore or  |
| rear cer   |         | 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH  |
| ath<br>indir   |         | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corcinoma of The Trackea 600051   |
| ie death<br>attendii<br>permit.<br>ian, or re  |         | 150 X DUE TO, OR AS A CONSEQUENCE OF   |
| the state  |         | Canditions, if any, which gave) (b) (corcinoma of The Esoylasus) 90001   |
| tha<br>In.<br>by<br>ran  |         | rise to immediate couse (o).  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF   |
| res<br>sicio<br>ed<br>al-t   |         | last. (c)  |
| The law requires the attending physician. has been signed by se as the burial-trar the priar to burial, cre  |         | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |
| ng en to   | -       | 150x Mesa esophasus  |
| lav<br>endi<br>s be<br>as t  | )       | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING  |
| The att base see the p   | 1       | 9/10/W Respiratory Distress YES NO DISTRESS OF DEATH?  |
| ar are   |         |  |
| d feed of the second se | MEDICAL | Government   Hour A.M. Month Day Year     Government   Hour A.M. Month Day Year  |
| has has cell   | 1       | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State   |
| the detection  |         | at work of work  |
| frer<br>be of tat  |         | 22a. I certify that (I) (this hospital) attended the deceased from 1964, and that in (my) (ews) apinian death accurred an the date and haur and from the   |
| END<br>ed  |         | saw the deceased alive an Salaham 19 (my) (our) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the bady after death.  |
| The Day of the   |         | 22b. SIGNATURE // 22c. DATE SIGNED //  |
| REG 3  |         | Jolen W. Henries M. DEGREE PHYS. B DIRECTOR D STAFF DI 9/13/68   |
| V by by by billed  | ,       | 11113. = DIRECTOR = 11113.   |
| Page 4 may be retained by the haspital ar attending physician.  To FUNERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon is shauld be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, with  |         | 22d. PHYSICIAN'S<br>NAME (Type) 22e. ADDRESS   |
| LOS<br>UNE<br>Setta  | 22      | ia. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State)  |
| Page O   | ) "     | REMOVAL (Specify) 9-17-68 Sate of Heaven Wheaton mel.  |
| 0  | 2       | FUNERAL DIRECTOR 12 CAL COMMANDERS 2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE  |
| VR A15 (4)<br>30M REV. 1/68  | V       | 14:00 Clani St. M. W. Wark P.C. DATE SEP 17 1968 Schools Judge   |

\$ 1 

|  |               | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |  |
|--|---------------|--|--|
| FOR STATE  | 18            | 13102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1:   | 3115   |
| HEALTH, DEPT.  | 1. D          |  | Doy Year 2b. HOUR                            |
| 2, and 3 to PM3. Page  |               | Chustopher Lawrence Cost DEATH MATER & Sept  | 28 188 / AM                                  |
| Iny delay 1, 2, and 3 mm PM3. Pog  | 3. 5          | A STATE THORNOUSE DEAD   | Year 2d. HOUR                                |
| ny d<br>2, ar<br>PM:<br>PM:<br>portr   | 70            | The state of the s | 1960 JA M                                    |
| - E - B  |               | BIRTHPLACE (State of foreign  7b. CITIZEN OF WHAT COUNTRY? . 8. MARRIED NEVER MARRIED . 9. COUNTY OF DEATH  WIDOWED DIVORCED   |  |
| 8. Give Poges along with the Shote   | 10. (         | July 10 7  | 12b, KIND OF BUSINESS OR                     |
| Give Poges programmer for this programmer of the State of |               |  | INDUSTRY                                     |
|  | 13a.          | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER  | 1  |
|  |               | dmission) STATE 1. J. 136. COUNTY Cander Cander YES NO 522 Secur   | veion St.                                    |
| the set 3  | 14. F         | ATHER'S NAME Filed Middle Lost IS. MOTHER'S MAIDEN NAME First Middle   | Lost   |
|  | 160           | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS   | Delse  |
| forwarded to the Chief Medical Exominer's used os a burial-transit permit. File pages emovol, and in ony event within 72 hours   |               | as no ocumbrown)   | (3 =)  |
| te word pending in pending to the Chief Medical Exominer's burial-transit permit. File poges in ony event within 72 hours  |               | 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| nief Medica<br>ansit permit<br>event with  |               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxize from Pulmon ary Eclenna   | Suddles .                                    |
| Me it pe   |               | 480 X DUE TO, OR AS A CONSEQUENCE OF   | 150 0  |
| Chie<br>rans   |               | Conditions, if ony, which gove rise to immediate couse (a), (b) Virul Prevnonsa  | 48 h.  |
| rwarded to the Ch<br>used os a burial-tro<br>novol, and in ony   |               | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF  |  |
| d to 1<br>a bur  |               | PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |  |
| be forwarded to the de used os a burior removol, and in  | 7             | 492X   |  |
| be used os<br>removol, o   | CERTIFICATION | 196. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?   | 20. AUTOPSY?                                 |
| be u   | RTIF          |  | YES NO                                       |
|  | MEDICAL C     | 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Port 1 or Port 2, Ite   | m 1B.)                                       |
| your files.<br>Poge 3 shoul<br>cremation,  | MED           | 21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town  | County State                                 |
| Poge   |               | WHILE NOT WHILE TOCTORY, Office building, etc.) AT WORK AT WORK  |  |
| OR: I  |               | 22a. I <b>certify</b> that I taak charge af the remains described abave, held an Autapsy 🔀, Inspectian 🔼 Inquiry 🗵   |  |
| AL DIRECTOR: F<br>prior ta burial,   |               | death resulted fram: Natural causes 🔀, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner [  |  |
| DIE<br>Or t  |               | ACTUAL  ACTUAL | CICNED                                       |
| Pri pri  |               | SIGNATURE MINISTER STATE OF THE | 28,1968                                      |
| 5 may be retained O FUNERAL DIRECT Heolth prior ta bu  |               | NAME (Type)  John G Bell  ADDRESS(Street, city, town, or county)   |  |
| 70 H   | 230           |  | (County) (Stote)                             |
|  | 24.           | SUPPLIANCE   Oct 1,1968   Pine Grove Cemetery   Mt.Airy Carr FUNERAL DIRECTOR   ADDRESS   250. REC'D BY REGISTRAR   25b. REGISTRAR'S S   |  |
| VR A15ME (5)<br>10M REV. 1/68  |               | John E Goff Hampstead, Maryland DATE OCT 2 1968 fclion   |  |
|  | 370           | Transpoored treat Attend   | -0-0   |



|   |                |  |   | MARYLAND ST  | ATE DEPARTMENT OF   | HEALTH   |  |
|---|----------------|--|---|--|---|--|--|
|   |                | 10102  | DIVISION OF V                                     | ITAL RECORDS, 301                                      | W. PRESTON STREET, BA   | LTIMORE, MARYLAND 212  | 01   |
|   |                | 13104  |   | CERT   | IFICATE OF DEATH  |  | 13116  |
|   |                | ASED-NAME  | First   | Middle   | Lost  | 20. DATE OF DEATH  | 2b. HOUR   |
|   | (тур           | e or print) EU   | Nice  | Ci   | Cooper  | 9 - Month 2  | 8004-1968 6:45   |
|   | 3. SEX         | - 1  | 4. RACE   | 1-4  | S. DATE OF BIRTH  | 6. AGE (In year last pint day)   | rs IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.   |
|   |                | Female   | Wh  | 1/2  | 10-30-  | - 1881 lastrony  | YRS. MONINS DATS HOOKS MIN.  |
|   | 7o. BIR        | THPLACE (State or foreign  |   | _ 1 MA   | RRIED 📉 NEVER MARRIED 🗌 OWED 🔲 DIVORCED 🔲   | 9. COUNTY OF DEATH  Montgi   | nery m   |
|   | 10. CIT)       | Betherd  | give str  | ME OF HOSPITAL OR INSTITUTION CONTROL OF LA            |   | SUAL OCCUPATION (Kind of yeark<br>most of warking life, even if ret  |  |
| - | 13a. US        | UAL RESIDENCE (Where d   | leceosed lived, if institutio                     |  | ITY OR TOWN 13d, INSIDE CIT   | TY LIMITS? 13e. STREET AND NUMB  | ER   |
|   | aditii22i      | on State D. C  | 136. COUNTY                                       | - CUM  | 75 HINGTON YES  | NO 4-111 GAR   | PRISON ST.N.W.   |
|   | 14. FAT        | HER'S NAME First   | Middle  | Last   | IS. MOTHER'S MAIDEN NAMI  |  |  |
|   |                | JOH.   | 11/20201  | PS COWLES  |   | SIGOUR   |  |
|   | 16o. W<br>Yes, | AS DECEASED EVER IN U.S<br>na, ocuntaawn)   (If yo   | S. ARMED FORCES? ss give war or dates of service) | 6b. SOCIAL SECURITY NO.                                | 17. INFORMANT   | Add  | 0.70.70.0  |
|   | -              | 110  |   |  | WILLIAM C, I  | DELACY, 413 W  | APPROXIMATE INTERVAL   |
|   | 18             | <ol> <li>CAUSE OF DEATH (Ent<br/>PART 1, DEATH WAS 0</li> </ol>  | ter anly one couse per line                       | ///  | 1 1   | .1   | BETWEEN ONSET AND GEATH  |
|   |                |  | MEDIATE CAUSE (o)                                 | U cute (6  | udrac Jan   | Klenk_   |  |
|   | 0              | onditions, if ony, which o   |   | A CONSEQUENCE OF                                       | 1 57 x  | 1  | 7 4.   |
|   | ri             | se to immediate cause  | (a), (b)  | Oxic yas   | de Coden.   |  | 3uts   |
|   |                | oting the underlying cost.   | DUE TO, OR AS                                     | A CONSEQUENCE OF                                       |   |  |  |
|   | -              | the state of the s | T CONDITIONS CONTRIBUTI                           | NC TO DEATH BUT NOT BELL                               | ATED TO THE TERMINAL DISEASE O  | DRCONDITION GIVEN IN PART 1(o)   |  |
|   |                | 57/  | II CONDITIONS CONTRIBUTI                          | NO TO DEATH BUT NOT KED                                | ALLO TO THE TERMINAL DISEASE C  | DACORDITION GIVEN IN PART 1(0)   |  |
|   | CERTIFICATION  | Oo. DATE OF OPERATION  | 19b. CONDITION FOR WHIC                           | H OPERATION WAS PERFORM                                | ED 20o. AUTOPSY?  | 20b. IF YES, WERE FIND   | INGS CONSIDERED IN CERTIFYING  |
| - | FICA           |  |   | J. S.              | YES NO  | CAUSES OF DEATING  | The second of second of the se |
|   | 21             | a. ACCIDENT WAS UNDE   | RLYING 21b. TIME OF                               | NJURY  |   | nter noture of injury in Port 1 ar F   | Port 2. Item 18.)  |
|   | 3 0            | OR CONTRIBUTING CAUSE  | OF DEATH HOUR A.M.                                | Month Doy Yeor   | - The second of | and the second s | -,   |
|   | - 4            | f either, natify medical e<br>1d. INJURY OCCURRED  |   | T HOME, FARM, STREET, FACTORY.)  OFFICE BUILDING, ETC. | 21f. LOCATION Street or R.F.D.  | Na. City or Tawn   | County State   |
|   | V              | While Not while of work  | 10  | DFFICE BUILDING, ETC. /                                |   |  |  |
|   |                |  | ) (this hospital) atter                           | nded the deceosed fro                                  | m July 19   | 67, to 9/ 20   | _, 19 <u>60</u> , that (I) (we) la   |
|   |                | sow the decease  | ed alive on S.                                    | 25 1960  | and that in (my) (our) o  | opinion death occurred on t  | he date and hour and fram th   |
|   |                |  | bove, (I) (we) (did) (c                           | did nat) view the body                                 | atter deoth.  |  | L co. Ness arous   |
|   | 2              | 2b. SIGNATURE  | 1+11  | 2 no   | DEGREE PHYS.  | MED. STAFF DIRECTOR PHYS.  | 22c. DATE SIGNED   |
|   | 2/             | 2d. PHYSICIAN'S  | Ul Knott  | er 195   | I as a second   |  | 1/20/60  |
|   | 1              | MAME (Type) //)  | . Lacke   | TI   | 5000  | RENO ROAD N.   | w., WASH., D.C.  |
|   | 230 0          | URIAL, CREMATION,  | 23b. DATE   | 23c. NAME OF CEMETE                                    |   | 23d. LOCATION (City or Town  |  |
|   | 230. 6         | EMOVAL (Specify)   | 10-1-1968   | 23C. NAME OF CEMETE                                    | KI OK CKEMATOKI   | Ipswich, Mas   | ,  |
|   | 24. ¥U         | NERAL DIRECTOR WILE  |   | Inc., ADDRESS W  | 2So. REC'I  |  | TRAR'S SIGNATURE   |
|   | H.             | Wash.  | D.C. 2001   | 16 , 5130 W  | isc. Ave DATE O   | CT 2 1968 &C   | liarles judge  |

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13117 13105 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 haurs after death (Type or print) Stept Elizabeth Cranston 0021 1968 3:15 M Ann 3. SEX 4. RACE 6. AGE (In years 5. DATE OF BIRTH IF UNOER 1 YEAR IF UNDER 24 HRS. haurs afte last birthday) MONTHS DAYS HOURS Female CAU 21 SEPPEMBER 1968 0 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar foreign B. MARRIED NEVER MARRIED COUNTRY ARYLAND .⊆ USA. WIDOWED DIVORCED [ Montgomery Filled within / 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during mast of working life, even if retired.) INDUSTRY Tegal and a second Bethesda HOSPITAL signed by the attending physician and complete burial-transit permit. Then please remave care burial, crematian, ar remaval, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare and complet 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed 13b. COUNTY YES NO T Falls Churc 2212 Mohegan 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle (N) R. Cranston Samoveault James Claudette 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 2212" Mohegan Dr. (If yes give war or dates of service) Yeshino, or unknown) NA Cranston, Falls, Church Va. James 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Anemia, Etiology undetermined IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 4 may be retained by the haspital ar attending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hasnital at attanding 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES . VAS 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 220. I certify that (1) (this hospital) attended the deceased from Sept 21 , 1968, to 21 Sept , 1968 sow the deceased glive on September 21\_19\_68, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (A (we) (did) (ARCHOR) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR M. D. DEGREE SEPT 1968 22e. ADDRESS 22d. PHYSICIAN'S J.G. FLEMING NAME (Type) Naval 23d. LOCATION (City of Town) (County) Forest Glen, Md. 23c. NAME OF CEMETERY OR CREMATORY St. Johns 230. BURIAL, CREMATION (State) 24, 1968 REMOVALISHE LIFY) ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 3603 14St.NW. W.DC. DATE SEP 2 5 1968 TALTAVULL FUNERAL HOME

|  | RES.              |           |
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|---|---------------|---|--|--|--------------------|-----------------------------|--|---|
| 1   |               | 13106                                   | DIVISION OF                                | VITAL RECORDS, 30                                      | I W. PREST         | ON STREET, BALTII           | MORE, MARYLAND 2120  | )1  |
|   |               | 10100                                   |  | CE   | RTIFICATI          | OF, DEATH                   |  | 13118   |
| 2 2 2   |               | ECEASED-NAME                            | Eirst                                      | Middle   | 0 1                | ast /                       | 2a. DATE OF DEATH  | 2b. HOUR  |
| er death<br>funeral<br>s 1 and 2  | (             | ype ar print)                           | 052  | E  | CV                 | 1/2/                        | Sep 1  | PSV 1968 913M   |
| in the second   | 3. 5          | X                                       | 4. RACE                                    | 1 1  | S. DA              | ATE OF BURTH                | 6. AGE (In years   | IF UNDER 1 YEAR IF UNDER 24 HRS.  |
| within 24 haurs after death lely filled in by the funeral ban papers. Pages 1 and 3, within 72 hours after death  |               | Femalo                                  | 1111                                       | wite.  |                    | 3/4/9                       | last birthday)   | YRS. DAYS HOURS MIN.  |
| by year   |               | BIRTHPLACE (State or foreign            | 7b. CITIZEN OF WE                          | HAT COUNTRY? 8.  | MARRIED   NE       | EVER MARRIED                | O. COUNTY OF DEATH   |   |
| d in 3 in 72 h  | 900           | 11/1/4/101                              | a ch.                                      |  | WIDOWED 🗌          | DIVORCED 🔲                  | Monta  | romery Md.  |
| d within 24 I   | 10.           | ITY OR TOWN OF DEATH                    |  | AME OF HOSPITAL OR INSTIT                              | UTION (If nat in h | aspital 12a. USUAI          | L OCCUPATION (Kind of week of<br>st of working life, even it retir | ane 12b. KIND OF BUSINESS OR ed.) INDUSTRY  |
| within ban ban with   |               | 13ethe                                  | 5d Tu                                      | 0 U  | bell               | an 2'6                      | cretan   | 9 0001  |
| ple   |               | USUAL RESIDENCE (Where dission) STATE   | deceased lived, if institution 13b. COUNTY | ion: Residence before 1:                               | C. CITY OR TOW     | 13d. INSIDE CITY LIM YES NO | //   | X III   |
| (a  |               | 7//0                                    | 2.   | 16017.   | Softo              | 5/12                        | - 3610 4   | oringfielder,   |
|   | 14.           | FATHER'S NAME First                     | Middle                                     | 1 Lost   | 115. MOI           | THER'S MAIDEN NAME Fir      | st Milad   | le lost   |
| - 0   | 160           | WAS DECEASED EVER IN U.S                | C ADMED CODICES                            | 116b. SOCIAL SECURITY NO.                              | 17. INFOR/         | MANT - 4 HD                 | are/   | (2//an  |
| ertificate p<br>physician<br>nen please<br>iaval, and i   | 100           | es, no, or unknown) (If ye              | es give war or dates al service)           | 577-3440   | 519                | FILE                        | , ,/   | anc A= Above  |
| th certification of the Then remaya   | F             | TO CAUSE OF DEATH (San                  | ter only one cause per lir                 | the fall the and fall                                  | 9/                 | LOW.                        | 111111111  | APPROXIMATE INTERVAL  |
| ne death ce<br>attending  <br>permit. The   | 10            | PART I. DEATH WAS C                     | AUSED BY:                                  | or (a), (b), ond (c).)                                 | nahanna            | umonio hi                   | lateral(Klebsi   | OTTO  |
| that the dear<br>ian.<br>by the attenc<br>transit permit<br>cremation, ar   |               | 405 M                                   | MEDIATE CAUSE (a)                          | AS A CONSEQUENCE OF                                    | nenopne            | unonita, bit                | racerar(wrepar   | erray   |
| it the a the a sit pe nation  | 1             | Conditions, if any, which o             |  | ronic debil  | itated             | ctate                       |  |   |
| .r.<br>y th<br>unsi   |               | rise to immediate couse                 | (a),                                       | AS A CONSEQUENCE OF                                    | 102004             | 20200                       |  |   |
| equires that the physician signed by the burial-transit purial, cremating   |               | stating the underlying collast.         | Juse (c)                                   | is it consequence of                                   |                    |                             |  |   |
| equires<br>physici<br>signed<br>burial-1<br>burial)   |               | PART 2. OTHER SIGNIFICAN                | IT CONDITIONS CONTRIBU                     | TING TO DEATH BUT NOT                                  | RELATED TO THE     | TERMINAL DISEASE ORCO       | ONDITION GIVEN IN PART I(a)  |   |
| The law requires that the death certificate attending physician has been signed by the attending physicianse as the burial-transit permit. Then pleas the priar ta burial, crematian, ar remaval, and   | z             | 491X                                    |  |  |                    |                             |  |   |
| e law re<br>trending<br>as been<br>as the<br>priar ta   | ATIO          | 19a. DATE OF OPERATION                  | 19b. CONDITION FOR WH                      | ICH OPERATION WAS PERFO                                | ORMED 2            | Oo. AUTOPSY?                |  | NGS CONSIDERED IN CERTIFYING  |
| r afte<br>e has<br>use o  | CERTIFICATION | Production of                           |  |  |                    | YES NO                      | CAUSES OF DEATH?   |   |
| IAN: The old of a straight of the straight of |               | 210. ACCIDENT WAS UNDE                  |  | FINJURY<br>Month Day Yeor                              | 21c. HOW IN        | JURY OCCURRED (Enter        | noture of injury in Port 1 or Po                                   | rt 2, Item 18.)   |
| pito<br>af f  | MEDICAL       | (If either, notify medical e            | evominer) PM                               | 10   |                    |                             |  |   |
| <b>G PHYSICIAN:</b> the haspital ar this certificate detached far ur to Dept. af Heal   | E             | 21d. INJURY OCCURRED While  Nat while   | 21e. PLACE OF INJURY                       | AT HOME, FARM, STREET, FACTOR<br>OFFICE BUILDING, ETC. | Y.) 21f. LOCATIO   | ON Street or R.F.D. Na.     | City or Town   | County State  |
| te D  |               | While Nat while of work                 |  |  | ,                  | 10/2                        | 0 9/11   | 10 / 1/ 1/ 1/ 1/ 1/   |
| by Affrei be Sto  | Н             | 22a. I certify that (I                  | ) (this hospital) offe                     | ended the deceosed                                     | trom               | ot in (my) (ave) onir       | nion death occurred on the   | , 19 60 , that (1) (we) last  |
| OR ATTENDING PHYS DE retained by the has DIRECTOR: After this ce je 3 shauld be detache ed with the State Dept.   |               | couses stoted o                         | bove, (I) (we) (did)                       | (did not) view the bo                                  | dy ofter death     | 1.                          | non dealli occorred on il  | , 19 <u>68</u> , that (I) <del>(we</del> ) last<br>the date and hour and from the |
| AT AT Short with with with with with with with wit  |               | 22b. SIGNATURE                          | . 4+                                       |  | 211 212            |                             |  | 22c. DATE SIGNED  |
| AL OR<br>yy be ny be a<br>coge 3  |               | 1 Dea                                   | ine suga                                   | gerald   | DEGREE             | PHYS. JAJ DII               | RECTOR PHYS.   | 9/11/68,  |
| may be RAL DIR page be filed  |               | 22d. HYSICIAN'S<br>NAME (Type) J.       | Blaine                                     | tzgerald.  | M.D.               | 22e. ADDRESS<br>8218 Wis    | c. Ave., Beth  | anda Ma   |
| NER TATE  | -             |   |  |  |                    |                             | 23d. LOCATION (City or Town)                                       |   |
| Page 4 may be retained by the haspital ar attending for FuneRal DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta  | 230           | BURIAL, CREMATION,<br>REMOVAL (Spacify) | 23b. DATE 9-14-1968                        | 23c. NAME OF CE  |                    | emetery.                    | Washington, I  |   |
|   | 24            | UNERAL DIRECTOR                         | 7-14-1700                                  | ADDRESS  | TTAGE O            | 220 Set D B                 |  | PAR'S SIGNATURE   |
| VR A15 (4)<br>30M REV. 1/68   | 1             | as Fresto                               | is Sais                                    | That   | 1.0                | DATE                        | של מסבו מיב  | world Judge   |
|   | 1             | Jones                                   | - CORN                                     | our rei  |                    | 27116                       |  |   |

Still and a substitution of the state of the Sept 11 1168 7 erson lang. In the committee 

|           |                                    | MARYLAND STATE DEPARTMENT OF HEALTH  |  |
|-----------|------------------------------------|--|--|
| 22.7      |                                    | 13107 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |  |
|           |                                    | CERTIFICATE OF DEATH   | 13119  |
| _         |                                    | ECEASED-NAME First Middle , Lost 20. DATE OF DEATH   | 2b. HOUR                                     |
|           | (1                                 | Type or print) Baby Boy Crozum Month & Doy   | 14 Year 68 6:30 PN                           |
|           | 3. SE                              |  | IF UNDER 1 YEAR IF UNDER 24 HRS.             |
|           |                                    | MG18 Pubite 9-14-68 lost birthdoy) YRS.  | MONTHS DAYS HOURS MIN.                       |
|           |                                    | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  |  |
|           | COUL                               | mily) md. USa, WIDOWED DIVORCED ments omer   | 4 Md   |
| 70        | 10. 0                              | CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  | 12b. KIND OF BUSINESS OR<br>INDUSTRY         |
| 10        | 6                                  | Bethesda, md. Suburban   |  |
| 15        |                                    | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lission) STATE 13b. COUNTY 2 13c. STREET AND NUMBER 13b. COUNTY 2 13c. STREET AND NUMBER   | .4 .   |
| 1         | 14                                 | md. monthere nockville 4 /00/ E. ma  | organery HVE.                                |
| - /       | 14. 1                              | FATHER'S NAME First Middle Loss 15. MOTHER'S MAIDEN NAME First Middle  | LUSI   |
|           | 160.                               | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT, Address  | Crown  |
|           |                                    | Yes, no, or unknown) (If yes give war or dates at service) Birth Certificate   |  |
|           |                                    | 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|           |                                    | PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 2 monaturely  |  |
|           |                                    | DUE TO, OR AS A CONSEQUENCE OF   |  |
|           |                                    | Conditions, if ony, which gove   |  |
|           |                                    | rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF   |  |
|           |                                    | lost. (c)  |  |
|           |                                    | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)   |  |
|           | NOI                                | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CO  | ONSIDEDED IN CEDTIEVING                      |
| 2         | CERTIFICATION                      | YES NOT THE CAUSES OF DEATH?   | JASIDERED IN CERTIFING                       |
|           | CERTI                              | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, 1   | tem 18.)                                     |
|           | SAL                                | GREATER OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19   |  |
|           | MED                                | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town  | County State                                 |
|           |                                    | While Not while of work of work  |  |
|           |                                    | 22g.   sertify that (1) (this haspital) attended the deceased from Supt / 7 19 68, to Supt / 7 19  | 68 , that (I) (we) los                       |
|           |                                    | saw the deceased alive an  | te and hour and from the                     |
|           |                                    |  | DATE SIGNED                                  |
|           |                                    | DEGREE PHYS.   DEGREE PHYS.   DIRECTOR   STAFF   Staff | pt 19 1968                                   |
| 1         |                                    | 22d PHYSICIAN'S 22e. ADDRESS BE  | th-  |
| - (       |                                    | NAME (Type) ISTUAN NXIRJESY 8218 Wisconsin ave.  | mont med                                     |
|           | 23a.                               | BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  | (Caunty) (State)                             |
|           |                                    | REMOVAT(Specify) 9/8 68 SuBurban Haspital Bethesde - 1   | DONTA. M.D.                                  |
| Des       | 100                                | FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S | well Judge.                                  |
| Y. L/BRAD | THE R P. LEWIS CO., LANSING, MICH. | THE PLANT OF THE PARTY OF THE P | TO A A                                       |

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13103 CERTIFICATE OF DEATH 3120 Lost 2b. HOLEM Middle 2a. DATE OF DEATH 1. DECEASED-NAME (Type or print) September 10:50 Michael Cullinane James 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) DAYS MONTHS HOURS 24 November 1948 White Male 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Washington, D.C. USA WIDOWED [ DIVORCED [ Montgomery remove carban pap 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital and campletely fille buriol, crematian, ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) give street address)
The Clinical Center, NIH INDUSTRY Bethesda HIGH SCHOOL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montgomery Maryland Silver Springs NO 10417 Huntley Avenue 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Lost Middle Cullinane McGraw Roger J. Loretta 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address Yes, no, or unknown) (If yes give war or dates of service) The Clinical Center, NIH, Bethesda, Maryland 577-64-2591 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. 3 Years Hodgkin's Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p (anditions, if any, which gave) Lobar Pneumonia (left lower lobe) days ? rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **DEUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES X Yes NO | 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21o, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote City or Town While Not while at work 22a. I certify that (A) (this haspital) attended the deceased from 24 July , 1968, ta 3 Sept. , 1968, that (A) (we) last saw the deceased alive an 3 September 1968, and that in (A) (aur) apinian death accurred an the date and haur and from the causes stated abave, (we) (did) (did) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 4 September 1968 PHYS 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S Institutes of Health, Bethesda, Maryland NAME (Type) John J. Senyszyn, MD. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) 9-7-1968 2So. REC'D' BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL/DIRECTOR VR A15 (4) DATE SEP 9 196B Umphrey Inc. 8434 Ga. Ave. S.S. Md. 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH 13109 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13121 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR funeral 1 and 2 ter death. 24 haurs after death. (Type ar print) September Con Brady Curry 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years SE UNDER 1 YEAR White Male 25 March 1923 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED West Virginia Montgomery USA WIDOWED [ DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within give street address)
The Clinical Center during mast of warking life, even if retired.)
General Manager INDUSTRY Bethesda. Insurance 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES Englewood 5617 Templehurst Road 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last Con Brady Sr. Media White Curry 17. INFORMANTThe Medical Record 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no. ar unknown) (If yes give war or dates of service) 1942-1945 remaval, The Clinical Center, NIH, Bethesda, Md. 20014 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 2 days Bronchopneumonia, bilateral 10 IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF 28 hours burial-transit p Canditians, if any, which gave) Pulmonary hemmorrhage rise ta immediate cause (a). by DUF TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying causes Chronic myelogenous leukemia 3 years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? Yes YES X NO 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark causes stoted above; (1) (we) (did) (did pat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. 19 September 1968 DEGREE DIRECTOR director, page should be filed 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Clarence H. Brown, III, M. D. Institutes of Health, Bethesda, Md. 20014 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify)
Bur-Transi 9/23/68 Dayton, Ohio Tyson Wheeler Funeral Home-1331 Rockville, Fd. 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 Rockville

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED-NAME First Last (Type or print) 4. RACE AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH last birthday) OAYS HOURS YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [ WIDOWED | as the burial-transit permit. Then please remove corban pol prior to burial, cremation, or removol, ond in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address during most of working life, even if retired.) INDUSTRY the ottending physician and the orban Bethesda 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CLTY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES 🖂 NOF 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, no or unknown) Mrs. Anna M. Davis 4409 Independence St 577-09-2078 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

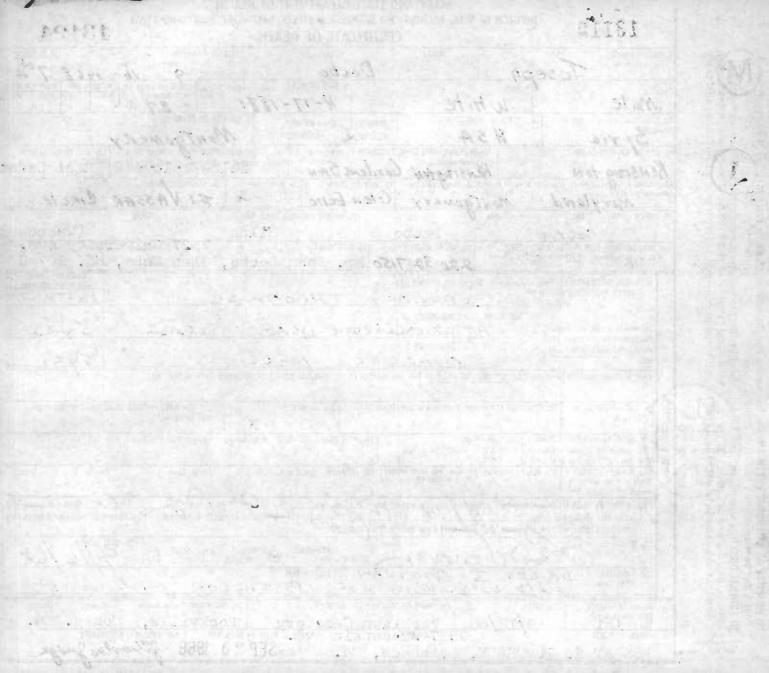
Bronchogenic BETWEEN ONSET AND OFATH Bronchogenic carcinoma, right upper lobe, lung with widespread metastasis DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse, last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES T director, page 3 should be detoched for use should be filed with the Stote Dept. of Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street ar R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while 2-21 1968 ta 19 6 42 , that (1) (we) last , and that in (my) (our) apinion death accurred an the date and have and fram the saw the deceased alive an\_ causes stated abave, (I) (we) (did) (did nat) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. 9-3-60 DEGREE UENIFER 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Hammond Mish WASH. D.C. 20015 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify) Rockville Montgomery Maryland arklawn Cemetery 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1968 Georgia Ave. 30M REV, 1/68 Pumphrey Inc. 8434

Then shown is a refined with the form this, later

|  |               | MARYLAND STATE DEPARTMENT OF HEALTH  |  |
|--|---------------|--|--|
|  |               | 13112 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |  |
|  | ]             | tems#7a,b, FilmG405 10/7/68 km CERTIFICATE OF DEATH  | 13123  |
| death.<br>ieral<br>ond 2<br>death.   |               | CEASED-NAME First Middle Lost, 20. DATE OF DEATH Month 25pay   | Year 2b. HOUR  |
| requires that the death certificate be executed within 24 hours after death g physician.  In signed by the arending physician and completely filled in by the funeral e burial-trensit nermit. Then please remove coron papers. Pages 1 and 2 o burial, cremation, or removal, and in any event, within 72 hours after death and in any event.   | 3. SI         |  | FUNDER 1 YEAR IF UNDER 24 HRS.  IDNTHS DAYS HDURS MIN. |
| in by<br>ers. Pers. Pour   | 7a. I         | IRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   110)  Mary Land USA   WIDOWED   DIVORCED  | nerch Mc   |
| ithin 2, willed on pop   | 10. 0         | IPT OR TOWN OF BEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast af warking life, even it retired.)   | 12b. KIND OF BUSINESS OR INDUSTRY                      |
| mplete   |               | USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSTITUTION 13e. STREET AND NUMBER ssion) STATE 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER 13c. CITY LIMITS?  | >  |
| h certificate be executed ving physician and camplet. Then please remove commoved complete the property of the | 14.           | ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN VAME First Middle   | May is.  |
| soth certificate be ex<br>anding physician and<br>hit. Then pleose rem<br>or removol, and in an  |               | WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknawn) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  Address   | 331-finceth  |
| certii<br>g phr<br>Then<br>move  |               | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH           |
| eoth<br>endin<br>it.   | 2             | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory insufficiency   |  |
| non me d   |               | $492 \times$ Due to, or as a consequence of  |  |
| to . Tism  |               | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF  |  |
| equires the physician. signed by buriol-tre buriol, cre  |               | last. 5 2 7 / (t)  |  |
| requi<br>phy<br>sign<br>buri   |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |  |
| fow referding speen as the orior to  | NO            | Right ventricular myocardial hypertrophy  19a, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CON   | NCIDEDED IN CEDTIEVING                                 |
| The fow reathending the base as the kith prior to be   | CERTIFICATION | YES X NO CAUSES OF DEATH?  | BIDERED IN CERTIFIING                                  |
| ICIAN: The pitol or at rificate ho d for use of Health   |               | 21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite   | ·m 18.)  |
| SICIA<br>spitol<br>artific<br>ed fo  | MEDICAL       | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19   |  |
| OR ATTENDING PHYSICIAN: be retained by the hospitol or DIRECTOR: After this certificate je 3 should be detached for u ed with the Stote Dept. of Heal  | N             | 21d. INJURY OCCURRED VAILED And While at work 2 of INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. (ity or Town of work 2 of work 3 of wor | County State   |
| rending the state of the Stote  |               | 22a. I certify that (I) (this hespital) attended the deceased from 19 (aux) opinion death accurred an the date causes stated abave, (I) (wo) (did) (did nat) view the bady after death.  | that (I) (we) lase and haur and fram the               |
| TIEN<br>TOR:<br>TOR:<br>TOR:<br>TOR!   |               | causes stated abave, (I) (wo) (did) (did nat) view the bady after death.   | ATE SIGNED   |
| OR A Doe ret IRECT   |               | 22b. SIGNATURE ACTION OF STAFF 22c. DA TENDING MED. STAFF 22c. DA DIRECTOR PHYS.   | 1/26/68  |
| Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to  |               | 22d. PHYSICIAN'S Suite 205A NAME (Type) MICHEL M. HEALY, M.D. 22e. ADDRESS Suite 205A 5411 W. Cedar Lane Bethe   | esda, Maryl  |
| TO HOSPITAL Poge 4 may TO FUNERAL C director, pog should be fill   | 230           | BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City or Town) REMOVAL (Specify), 9-28-68 Lincoln Pack Cem. Rockville M.   | (Caunty) (State)                                       |
| VR ALE OF  | 24            | TONERAL DIRECTOR 2 ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S S  | IGNATURE VILLE   |
| 30M REV. VAS   | 1             | Coher & Survey Rockerelle 1 a. DATE OUT 1 1000 f   | 0 0  |

A CONTRACTOR OF STORE OF STORE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13112 13124 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month Inseph Decbo 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR hours after 6. AGE (In years last birthday) MONTHS DAYS HOURS 4-17-188 Male YRS. 24 hours 7o. BIRTHPLACE (State or fareign 7h. CITI7EN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country 11.5A WIDOWED DIVORCED T MONTGOMER YIa 10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working-life even if retired INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE YES NO D GIEN Echo remove buriol, cremation, or removal, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Last and Hilda (Unknown) Deebo George University 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, no or unknown) (If yes give war or dates of service) 32 7150 Mr. John Deebo. Glen Echo. Md. 20768 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CORUNARY HROMBOSI DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if any, which gave ) 16) ARTERIUSCLEROTIC 12AKT rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse MELCITUS DIABATKI PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficote has been s for use as the b f Health prior to b 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO TX YES 🔲 certificote 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year After this certific I be detached fo State Dept. of H (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING. ETC. 21d. INJURY OCCURRED State 21e. PLACE OF INJURY City or Town County While Not while of wark ot wark 22a. 1 certify that (I) (this hospital) attended the deceased from 19 min (my) (our) opinion death accorded an the date and haur and from the O FUNERAL DIRECTOR: After 4 may be retained director, page 3 should should be filed with the causes stated abave (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE PHYS DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 2001 BETHESOA WISCONSIN 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE (County) Rockville. Montg. Md. Parklawn Cemetery Burna 7557ADDRESSCONSIN AVE250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 20 DATESEP 1968 PUMPHREY, Bethesda, Md.

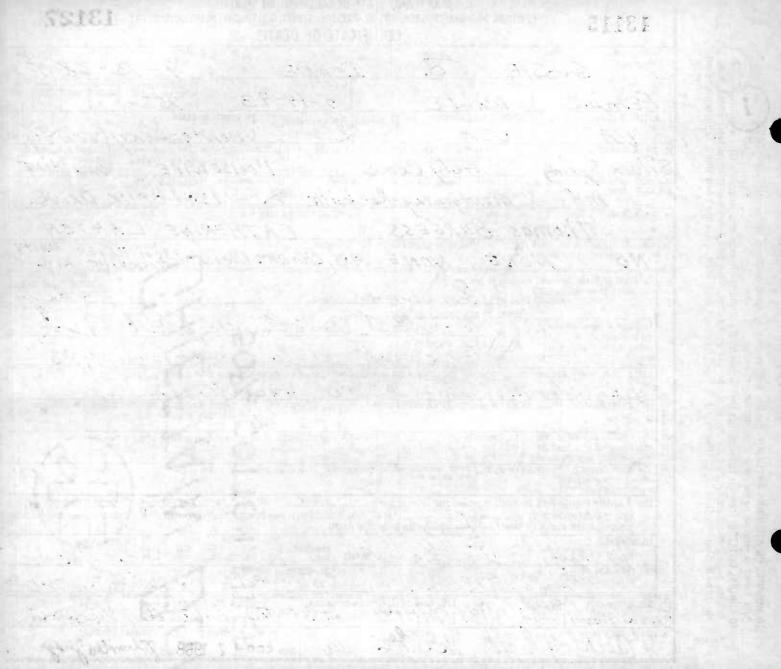


| 1 | 13113 MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13125  |
|---|---|
|   | CERTIFICATE OF DEATH  |
| 1 | DECEASED NAME First Middle Last 2a. DATE OF DEATH (Type or print) Anna Model Last 2b. HOUR  See 1/3   |
| 3 | SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR Florale 4. RACE 7/ 97 7/ YRS.  |
| 7 | a. BIRTHPLACE (Stote or foreign auntry)  1. CHIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED 9. COUNTY OF DEATH  WIDOWED DIVORCED MORETAGE  MORETAGENERY   |
| 0 | D. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital give street oddress)  12a. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.)  11b. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during most of warking life, even if retired.)  |
|   | 3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before deceased lived, if institution: Residence before lab. COUNTY Mont Rockwille YES NO 60 and Constant are  |
| / | 4. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost .  Legic W. Cockron Sarah Lewes   |
|   | 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address New no, or unknown) (19 18 approved or independent of the second |
| Ī | 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:   |
|   | IMMEDIATE CAUSE (o) Peritonitis, suppurative, extensive  DUE TO, OR AS A CONSEQUENCE OF   |
|   | (b) necrotic perforation of colostomy site  (b) necrotic perforation of colostomy site  Out TO, OR AS A CONSEQUENCE OF  |
|   | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  |
|   | No. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO CAUSES OF DEATH?  20g. AUTOPSY? YES NO CAUSES OF DEATH?  20g. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)   |
|   |   |
|   | To recontributing Cause of Death HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town County State While Not while 1)  |
|   | 22a. I certify that (I) (this haspital) attended the deceased from 1900, and that in (my) (aur) apinian death accurred an the date and haur and from to causes stated above, (I) (we) (did) (did, nat) view the bady after death.   |
|   | 22b. SIGNATURE  DEGREE PHYS.  |
|   | 22d. PHYSICIAN'S A, F. CASTRO M.D. 22e. ADDRESS - 1946 STNW.  |
| 1 | BERNOYA (Specify) 9/21/68 23c. NAME OF CEMETERY OR CREMATORY Rockville Rockville Montgomery M   |
| n | Tyson Wheeler Funeral Home Rockville, Md. DATE SFP 20 1968 Clearles Surger  |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13127 13115 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2g. DATE OF DEATH (Type or print) 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER † YEAR IF UNOER 24 HRS 6. AGE (In years buriol, cremation, or removol, and in ony event, within 72 hours aft last birthday) MONTHS OAYS HOURS 5-14-93 YRS 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF 8. MARRIED NEVER MARRIED country) remove corbon papers. WIDOWED DIVORCED [ completely filled ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address OWN HOME 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER requires that the deoth certificate be executed odmission) STATE 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First puo 6E55 ottending physician permit. Then please MRS. CHARKS Klein - 138018 BAUER 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give IONE CAUSE OF DEATH (Enter only one cause per line ton(o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave ) buriol-tronsit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or ottending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to certificate has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES -21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY State City or Town County FUNERAL DIRECTOR: After this While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from June, 1965, ta Sepite, 1968 \_1968, and that in (my) (our) apinian death accurred on the date and haur and fram the saw the deceased alive ancauses stated abave, (1) (we) (did) (did-nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town 23a. BURIAL CREMATION 23b. DATE (State) (County) REMOVAL (Specify) 0 ADDRESS 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 30M REV. 1/68



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|---------------------|---|--|--------------------|--------------------------|------------------|---------------------------------------|--------------------|------------------|
|                     | 13116   | DIVISION OF VITAL RECORDS,   |                    |                          | TIMORE, M        | ARYLAND 21201                         | 1312               | 0                |
|                     | ASED-NAME First   | Middle   | EKIIFICA           | TE OF DEATH              | 20. DATE (       | DE DEATH                              |                    | 2b. HOUR         |
|                     | e or print)   | Middle   | TIM                | 5,911                    | 20. DAIL 1       | Sept 5                                | ay Yeor            | 8-50 N           |
| 3. SEX              | 1   | 4. RACE  | 5.                 | DATE OF BIRTH            | /                | AGE (In vegrs                         |                    | IF UNDER 24 HRS. |
| 1                   | male  | white  | S 19               | 8/25/                    | 12               | last hirthdoy)                        | S. MONTHS DAYS     | HOURS MIN        |
| 7o. BIR1<br>country | THPLACE (Stote or fareign                                       | 7b. CITIZEN OF WHAT COUNTRY?   | 8. MARRIED WIDOWED | NEVER MARRIED DIVORCED   | 9. COUNTY (      | /                                     |                    |                  |
| 10. CITY            | OR TOWN OF DEATH  | 11. NAME OF HOSPITAL OR INS  |                    |                          | JAL OCCUPATION   | ON (King of work don                  |                    | USINESS OR       |
| 70 73               | Bethesda  | give street address) Luc   | rhz.               | during m                 | nast af warkir   | g life even is retired                | MOUSTRY            |                  |
| 15 admission        | UAL RESIDENCE (Where decease<br>on) STATE                       | d lived, if institution: Residence befare                            | 13c. CUTY OR TO    |                          |                  | STREET AND NUMBER                     | 7                  | 1 1              |
| 1 14 FATI           | HER'S NAME / First  | Middle Lost  | Detue              | MOTHER'S MAIDEN NAME     |                  | Middle                                | Tanka              | Lost             |
|                     | Harry   | 1 11051  | 1                  | Esth                     | er               | Milotio                               | Thor               | 1                |
| 16a. W              | AS DECEASED EVER IN U.S. APM<br>no, ar unknown) (If yes give wo | r or dates of service)   |                    | ORMANT WHEE              |                  | Address                               |                    | 0                |
| 7                   | 185, 1947   | -46-Hoxy   |                    | S. ETHEL.                | osik-            | 7500 GRA                              | NADA DR.           | BETH-19          |
| 918                 | PART I. DEATH WAS CAUSED  |  |                    | P 2.0 4                  |                  | 2- 4                                  | BETWEEN ON         | SET AND DEATH    |
|                     | 4109 IMMEDIA  | DUE TO, OR AS A CONSEQUENCE OF                                       | and co             | 1 sugar                  | - Non            | and -                                 |                    | 1                |
| Co                  | anditions, if ony, which gave)                                  | (b)  |                    |                          |                  |                                       |                    | 0.00             |
| ste                 | ating the underlying cause                                      | DUE TO, OR AS A CONSEQUENCE OF                                       |                    |                          |                  |                                       |                    |                  |
|                     |   | (c)  | OT RELATED TO T    | HE TERMINAL DISEASE OR   | CONDITION GIV    | VEN IN PART I(a)                      |                    |                  |
| × 4                 | +201  |  |                    |                          |                  |                                       |                    |                  |
| CERTIFICATION       | a. DATE OF OPERATION 19b. (                                     | ONDITION FOR WHICH OPERATION WAS PE                                  | RFORMED            | 20a. AUTOPSY? YES NO     | # CALL           | IF YES, WERE FINDING<br>SES OF DEATH? | S CONSIDERED IN CE | RTIFYING         |
|                     | a. ACCIDENT WAS UNDERLYING                                      | G 21b. TIME OF INJURY  | 21c. HOW           | INJURY OCCURRED (Ente    |                  | jury in Part 1 ar Part                | 2, Item 18.)       |                  |
|                     | OR CONTRIBUTING CAUSE OF DEATH                                  |  |                    | Albert M.                |                  |                                       |                    |                  |
|                     | ld. INJURY OCCURRED 21e.  | PLACE OF INJURY (AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC. | TORY.) 21f. LOCA   | TION Street or R.F.D. No | o. Ci            | ty or Town                            | Caunty             | Stote            |
| at<br>2'            | /hile Nat while wark at wark                                    | - hospital) attended the decease                                     | d fram 9           | - 74 190                 | e F to           | 9-29                                  | 19 65, that        | (1) (wa) las     |
| 1                   | saw the deceased al   | ive an 2 1 1 (I) (we) (did) (did nat) view the                       | 96 F, and 1        | hat in (my) (our) ap     |                  | accurred an the                       | date and haur o    | ind fram the     |
| 22                  | causes stated above   | (1) ( <del>we) (ald</del> ) (ald nat) view the                       | oddy affer de      |                          |                  | 22                                    | 2c. DATE SIGNED    |                  |
|                     | Deane.  | Alrefman   | DEGREE             |                          | MED.<br>DIRECTOR | STAFF PHYS.                           | 9-29-              | 68               |
| 22                  | d. PHYSICIAN'S<br>NAME (Type)                                   | ORE SHULM  | * N                | 22e. ADDRESS             | 1986             | T. NL                                 | 2                  |                  |
| 23a. B              | URIAL, CREMATION, 23b. D  |  | EMETERY OR CR      | 1//                      | 23d. LOCA        | TION (City ar Tawn)                   | (County)           | (State)          |
| RI                  | EMOVAL (Specify)  | 0-1-68 MT. L   | EBANO              | N CEM.                   | HYA              | TTSVILLE                              | MI                 | ,                |
| 24. FU              | NERAL DIRECTOR ERNARD DAN                                       | ZANSKY +30 ADDRESS   | WASH               | DC 2Sa. REC'D            | BY REGISTRAR     | 25b. REGISTRAL                        | R'S SIGNATURE      | dgi.             |

|  | 1             | MARYLAND STATE DEPARTMENT OF HEALTH  | 10100  |
|--|---------------|--|--|
| 3  |               | 13115 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  | 13129  |
| FOR STATE  | 30            | MEDICAL EXAMINER'S CERTIFICATE OF DEATH  |  |
| HEALTH DEPT.   |               | DECEASED-NAME First Middle Last 2a. DATE KNOWN Month OF ESTI-  | Day Year 2b. HOUI                            |
| lay is 3 to Page   |               | DEATH MATER X 9  | 26 1968 32                                   |
| delay<br>and 3<br>A3. Pay  | 3. 5          | asi birthdov) MONTHS DAYS HOURS MIN March  | 2d. HOU                                      |
| ony delay<br>2, and 3<br>PM3. Pa<br>partment   |               | + NEGRO 1/26/02 66 YRS Sept. 26  | Yeor 1968 4 A                                |
|  |               | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  |  |
| fer farr   | 1             | PARVIAND USH WIDOWED & DIVOKED VON-FRAMERY   | ٨  |
| death<br>with f<br>with f  | 10.           | (ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast af working life, even if retired.)  | 12b. KIND OF BUSINESS OR INDUSTRY            |
| 2 9 6  | 0             | CTHESAN DUBUNGAN FTOSPITAN   | INDOSERI                                     |
| s after<br>18. Giv<br>alang<br>with death  | 130           | USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13cgCITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER                             |  |
| S  | 1             | THE MENT WEST NO 110 TRESERIE  | KHVE.  |
| haurs<br>Item 1<br>Office<br>1 and 2   | 14.           | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  | last Last                                    |
|  |               | LouisE   | MARTIN.                                      |
| within 24<br>pencil in<br>confiner's<br>confiner's<br>le pages<br>72 haurs   | 16a.          | WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT (10 Fredunize ADDRESS CO.) | Rochallo.                                    |
| Z e G e  |               | Rosie Carter-daugatur.   |  |
|  |               | 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| xecuted<br>nding" ii<br>Medical<br>permit.<br>nt withir  |               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Fatty Metamorphosis of LIVER-Acute-   | Sudden.                                      |
| ex<br>end<br>it p  |               | 5 //, O DUE TO, OR AS A CONSEQUENCE OF   |  |
| be hier  |               | conditions, if ony, which gove rise to immediate cause (a), (b) Chronic · Alcoholism   |  |
| shauld<br>e ward<br>a the Ch<br>ourial-tra<br>in any   |               | stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF  |  |
| shauld be en ward "per<br>a the Chief<br>burial-transit  |               | (c)  |  |
| certificate writing the irwarded to used as a b  |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)                                   | ACCOLUMN NO.                                 |
| iting<br>arde<br>arde<br>d as  | NO            | 57//   |  |
| is certificate shauld be executed to, writing the ward "pending" is farwarded to the Chief Medical e used as a burial-transit permit.              | 3             | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?   | 20. AUTOPSY?                                 |
| F 70 Q   | CERTIFICATION |  | YES NO                                       |
| . E P S .  |               | PRIMARY OR CONTRIBUTING HOUR A.M.  | am 18.)                                      |
| EXAMINER: ute the certificage 4 should your files. Page 3 should , cremation, c  | MEDICAL       | CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town                             | Country                                      |
|  | 1             | 21d. INJURY OCCURRED  WHILE AT WORK  21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)  21f. LOCATION Street or R.F.D. No.  City or Town  | County State                                 |
| DEPUTY DICAL EXAM ressary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page salth prior to burial, crem |               |  |  |
| ICAL Es executar. Paged far CTOR: Purial,  |               | 22a. I certify that I taak charge of the remains described above, held an Autopsy 💢, Inspection 💢, Inquiry 🔀   | and in my apinia                             |
| JTY DICA<br>ry, please e<br>eral directan<br>be retained<br>RAL DIRECT<br>priar to bu  |               | death resulted fram: Natural causes 🔯, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner  |  |
| dire dire  |               | ACTUAL OF BOOK CHIEF MEDICAL EXAMINER COLORES  |  |
| Y. F.  |               | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE  | 4-26, 1968                                   |
| DEPU<br>scessal<br>may Funer<br>FUNER  |               | EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)  | -20,7788                                     |
| TO DEPUTY SIC. necessary, please ethe funeral directal S may be retained TO FUNERAL DIRECT Health priar to bu                                      | 23.0          |  | (Caushi) (Shata) 6                           |
| 2  | 230           | OREMOVAL (Specify)   | (Caunty) (State)                             |
|  | 24            | EUNERAL DIRECTOR 29-1968 CINCON FORT CEM. KOCKVITTE MIL  | only. Ira.                                   |
| VR A15ME (5)   | 4             | when I I snowlin Kockvelle, md DATE OCT 1 1968 gold  | nes Judge                                    |
| 10M REV. 1/68  |               | www or residence to the comment.   |  |

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|               | otari)  | 70. CHILLIA OF THE                                     | THE COUNTRY!   | MAKKIE      | D   NEVER M              | AKKILLI         | 7           |                        |   |  |
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| COUI          | Greece  | Gree   | ece  | WIDOWE      | D DIV                    | ORCED 🔲         |             |                        | Montgon                                 | nery                                   |
|               | TITY OR TOWN OF DEATH  Bethesda   | 11. NA<br>giye s<br>The                                | ME OF HOSPITAL OR INS<br>treet oddress)<br>Clinical          | Cent        | f not in hospitoler, NII | H 120.<br>durin | g most of   |                        | ind of work done<br>, even if retired.) | 12b. KIND OF BUSINESS<br>INDUSTRY      |
|               | USUAL RESIDENCE (Where deceos ission) STATE Greece                        |  | on: Residence before   | 13c. CITY ( |                          | 13d. INSIDE     |             |                        | T AND NUMBER Street A                   | Address                                |
| 4.            | FATHER'S NAME First   | Middle   | Lost   |             | IS. MOTHER'S             | MAIDEN NA       | ME First    |                        | Middle                                  | Lost                                   |
|               | Emanoel   |  | Drisos   | 933         |                          | Ka              | allio       | pis                    |   | Dimandidu                              |
|               | (If yes give w  | AED FORCES?<br>ar or dates of service)                 | 16b. SOCIAL SECURITY N                                       |             |                          |                 |             | -                      | Land 42001<br>The Clini                 | 4<br>cal Center.                       |
|               | 18. CAUSE OF DEATH (Enter onl<br>PART 1. DEATH WAS CAUSED<br>IMMEDIA      |  | e for (o), (b), ond (c).]                                    |             | nage                     |                 |             |                        |   | APPROXIMATE INTERVIBETWEEN ONSET AND O |
|               | 746.2<br>Conditions, if ony, which gove<br>rise to immediate couse (o), ( |  | DUE TO, OR AS A CONSEQUENCE OF  (b) Congestive Heart Failure |             |                          |                 |             |                        | 2 Days                                  |  |
|               | stating the underlying couse lost.  | DUE TO, OR AS A CONSEQUENCE OF (c) Tetralogy of Fallot |  |             |                          |                 | 9 Years     |                        |   |  |
| N             | PART 2. OTHER SIGNIFICANT CON   | DITIONS CONTRIBU                                       | TING TO DEATH BUT NO   | OT RELATED  | TO THE TERMI             | NAL DISEASE     | OR CONDIT   | ON GIVEN I             | N PART 1(o)                             |  |
| CERTIFICATION | 19o. DATE OF OPERATION 19b.   | CONDITION FOR WH                                       | CH OPERATION WAS PER   | RFORMED     | 20o. AU<br>YES [         |                 | ) []        | 20b. IF YE<br>CAUSES O |   | CONSIDERED IN CERTIFYING               |
| CER           | 21o. ACCIDENT WAS UNDERLYIN   | G 21b. TIME OF   | INJURY   | 21c.        | HOW INJURY O             | CCURRED (       | Enter notur | e of injury            | n Port 1 or Port 2,                     | Item 18.)                              |

OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while ot work 22a. I certify that (\*) (this haspital) attended the deceased from 16 August, 1968, to 15 Sept., 1968, that (\*) (we) last saw the deceased glive on 15 September 1968, and that in (\*\*) (our) apinion death occurred on the date and hour and from the couses stated abave, (we) (did) (did) view the bady ofter death 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS. 15 September 1968 V DEGREE PHYS. The Clinical Center, National PHYSICIAN'S NAME (Type) 22e. ADDRESS 22d.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin director, page 3 shauld be detached for use as the burial-transit permit. VR A15 (4) 30M REV. 1/68

director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta

within 24 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL

lled in by The

the attending physician and camp**rotein** sit permit. Then please remaye carbary

prior ta burial, crematian, ar remaval, and in any event,

3. SEX

FUNERAL DIRECTOR

23g BURIAL, CREMATION, REMOVAL (Specify)

Charles L. McIntosh. M. D.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) 2So. REC'D BY REGISTRAR

Institutes of Health, Bethesda, Md.

(County)

(Stote)

2b. HOURAN

1:50 M

IF UNDER 24 HRS.

SINESS OR

er. T AND DEATH

HOURS

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| nedda, Maryland (2001)<br>Lleddaf (200 O inladi Carsen.   | reite ar   | elap II              | e-delication |
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|   | 2  |                      |              |

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR A after death (Type ar print) (NMN) Theodore September Dunn 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) Male White 29 September 1906 **D FUNERAL VINECTUR:** After this certificate has been signed by the attending physician endication and completely filled in by tidirector, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pageshauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Florida USA Montgomery WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR The Clinical Center, NIH Agriculture Bethesda 13a. USUAL RESIDENCE (Where deceased liyed, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) FIATE rida 13b. COUNTY NO J Groveland P. O. Box 53 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle First Lost William V. Melvin Dunn Mariam requires that the death certificate 17. INFORMANT The Medical Record Address 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, ner or unknown) 265-07-5205 The Clinical Center, Bethesda, Md. 20014 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) General mycosis fungoides with cachexia BETWEEN ONSET AND GEATH l year DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES 🔀 NO 🔲 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark 20 19 68 toSeptember/ 19 68 that (\* (we) last 22a. I certify that (1) (this haspital) attended the deceased from March 20, 1968, to September 1, 1968, that (1) (we) last saw the deceased alive an September 20, 1968, and that in (2) (aur) apinian death accurred an the date and haur and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. 21 September 1968 DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S Ervin Epstein, M. D. NAME (Type) Institutes of Health, Bethesda, Md. 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE-Lake Mary Semin.Florida Cemetery. Lake Mary. DATESEP 2 7 19 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV. 1/68

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The Cilides Dense Vellere Terminal Process Communications

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|-----|---------------|---|----------------------------|--|---|--|-------------------------------|---------------------------------|
| 500 |               | 13120                                   | DIVISION OF VIT            | TAL RECORDS, 301                                   | W. PRESTON STREET, BALT                       | TIMORE, MARYLAND 2120  | 1                             | •                               |
| ł   |               | 12 44                                   |                            | CER  | TIFICATE OF DEATH                             |  | 13                            | 132                             |
| 1   |               | CEASED-NAME Fir                         | st                         | Middle   | Lost  | 2a. DATE OF DEATH  | D V                           | 2b. HOUR                        |
| ı   | (1            | ype ar print) BABY                      | BOY                        | E  | ADER  | 9 Manth  | Por Least                     | - 404 P M                       |
| I   | 3. SE         | X                                       | 4. RACE                    |  | S. DATE OF BIRTH                              | 6. AGE (In years last birthday)  | IF UNDER 1 YEAR MONTHS   OAYS | IF UNDER 24 HRS. HOURS MIN.     |
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|     | 7a. E         | IRTHPLACE (Stote or foreign             | 7b. CITIZEN OF WHAT        | COUNTRY? 8. N                                      | MARRIED NEVER MARRIED                         | 9. COUNTY OF DEATH   | 346,                          |                                 |
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|     |               | ITY OR TOWN OF DILATH                   | 11. NAME give stree        | of Hospital or Institut<br>t address)              | Sanilarium o'lut                              | JAL OCCUPATION (Kind of work do<br>nost of working life, even if r <del>et</del> ire | ed.) 12b. NIND OF             | BUSINESS OR                     |
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| I   |               | ssion) STATE                            | 13b. COUNTY                | NTGONERY   | A VEC N                                       | 10 15515   | SANTIN                        | 11 Rope                         |
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| I   |               | Gary                                    | Roy                        | Eade   | r Marcoic                                     | a Elizabi  | eth Co                        | nger                            |
| Ì   | 16a.          | WAS DECEASED EVER IN U.S. A             | RMED FORCES?               | o. SOCIAL SECURITY NO.                             | 17. INFORMANT                                 | Addre:   | is                            |                                 |
| Į   | ,             | es, no or unknown) (If yes giv          | e war or dates or service) |  | Hosp. Rec                                     | ord.   |                               |                                 |
|     | E             | 18. CAUSE OF DEATH (Enter               |                            |  |   | 0.   | BETWEEN O                     | MATE INTERVAL<br>NSET AND DEATH |
| l   |               | PART I. DEATH WAS CAU                   | SED BY:<br>DIATE CAUSE (a) | SP, RAT  | ory DISTRES                                   | is SyniRom   | 16'                           |                                 |
| 1   |               | 11602                                   |                            | CONSEQUENCE OF                                     |   | 66-2   |                               |                                 |
| 1   |               | Conditions, if any, which gav           | 10)                        | REMAT  | WRS BIRTH                                     | - (10 30 Wee/C   | 5                             |                                 |
| ı   |               | stating the underlying caus             |                            | CONSEQUENCE OF                                     |   | gestation  |                               |                                 |
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|     |               | 777 2                                   | ONDITIONS CONTRIBUTING     | O DEATH BUT NOT KE                                 | ELATED TO THE TERMINAL DISEASE OR             | CONDITION GIVEN IN PART 1(0)   |                               |                                 |
| ı   | TION          | 19a. DATE OF OPERATION 119              | b. CONDITION FOR WHICH (   | OPERATION WAS PERFOR                               | MED 20a. AUTOPSY?                             | 20b. IF YES, WERE FINDIN   | IGS CONSIDERED IN C           | ERTIFYING                       |
| ı   | CERTIFICATION | TAGE OF OF ENGLISH                      | b. constraint on miles     | OI ERANION MASTERIOR                               | YES NO NO                                     | CAUSES OF DEATHS   | ios considerad in ci          |                                 |
| ١   |               | 21a. ACCIDENT WAS UNDERLY               | /ING 21b. TIME OF INJ      | URY  | 21c. HOW INJURY OCCURRED (Ente                |  | rt 2, Item 18.)               |                                 |
|     | MEDICAL       | OR CONTRIBUTING CAUSE OF D              | EATH HOUR A.M. M           | lanth Day Year                                     |   |  |                               |                                 |
|     | ME            | 21d. INJURY OCCURRED 21                 | le. PLACE OF INJURY (AT A  | HOME, FARM, STREET, FACTORY,<br>ICE BUILDING, ETC. | 21f. LOCATION Street or R.F.D. No             | a. City or Town  | County                        | Stote                           |
|     |               | While Not while at wark                 |                            |  |   |  |                               |                                 |
|     |               | 22a. I certify that (I) (               | this haspital) attend      | ed the deceased f                                  | ram   | Gt, to 9-15  | , 19 <u>6 F</u> , that        | (I) (we) last                   |
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|     | 28            | 22b. SIGNATURE)                         | (i) (iii) (uiu) (uit       | That I view the bad                                |   |  | 22c. DATE SIGNED              |                                 |
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|     |               | 22d. PHYSICIAN'S                        | 11. 2 6                    | 1.0  | 22e ADDRESS                                   |  |                               | 20                              |
|     |               | NAME (Type) ALL                         | ANB. CO                    | LEMAN  | 1605 N. P                                     | ontol DR. N.C.   | I HIADU X                     | Je 2001                         |
|     | 23a.          | BURIAL, CREMATION, 231                  | b. DATE                    | 23c NAME OF CEME                                   | TERY, ON CREMATORY                            | 23 LOGATION (City or Nown)   | (County)                      | (State)                         |
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|     | A.            | FUNERAL DIRECTOR                        | 3 11.6                     | ALDRESS  |   | BY REGISTRAR 25b. REGISTR  | RAR'S SIGNATURE               | udan                            |
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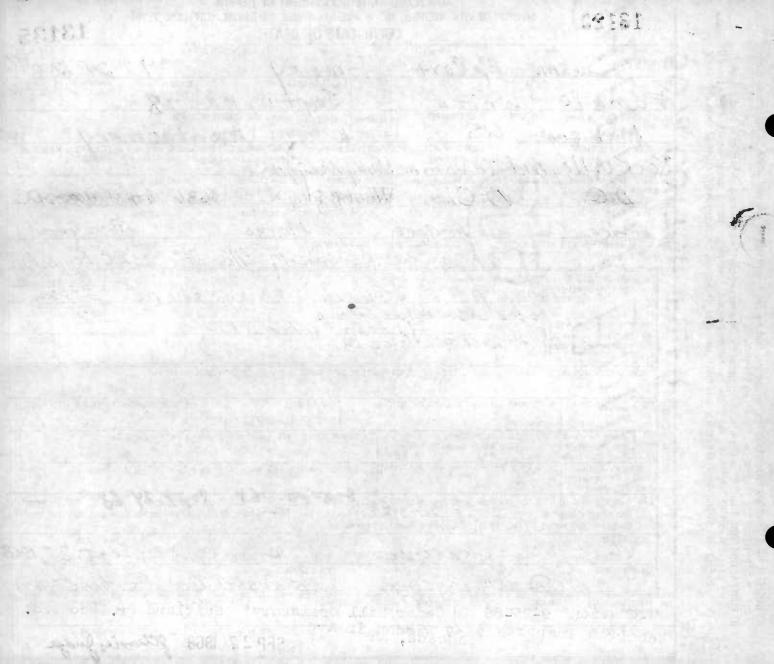
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH death. funeral 1 and (Type ar print) Manth Martin sen s offer 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS last birthdoy) OAYS HOURS 5-3-11 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED [ Mont-gome 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR event, withi give street address) during most of working life, even if retired.) **INDUSTRY** Spring Silver Dharmacist 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY and camp YES 🔀 NO T ease remove requires that the death certificate be execut burial, crematian, or removal, and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last Middle physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMAN Address Yes, na, of unknown) (If yes give war or dates of service) 213-01attending phys alle as APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE signed by the burial-transit p the Conditions, if ony, which gave ) rise to immediate cause (o). AS A CONSEQUENCE OF DUE TO, OR Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO I YES [ 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Doy Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work ATTENDING 22a. I certify that (1) (this haspital) attended he deceased fram\_ saw the deceased alive an\_ and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) SEP

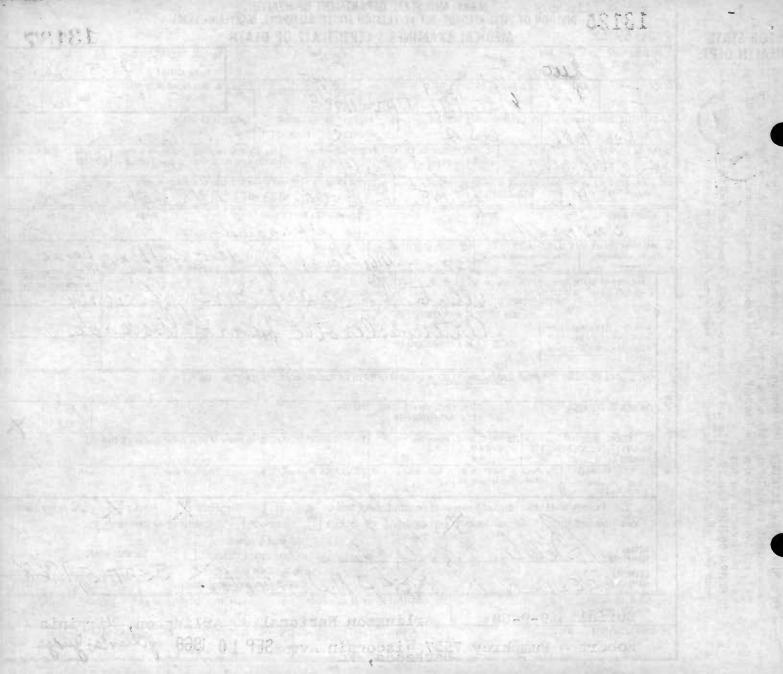
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| £  | ±2-  | 1.   | DECEASED-NAME Fir                | 41 1   | Lost                                     | 2a. DATE OF DEATH                                 | 2b. HOUR                                     |
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|  | 5 - 5  | 3.   | SEX                              | 4. RACE  | S. DATE OF BIRTH                         | 6. AGE (In years                                  | IF UNDER 1 YEAR   IF UNDER 24 HRS.           |
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| -  | rem<br>n an  | 2 1  | 4. FATHER S NAME First           | Middle Last  | 15. MOTHER'S MAIDEN NAME FIR             |   | Last   |
| ( B  |  |      | Andrew                           | McCoet   | MOIRA                                    | 47  | God Speed                                    |
| 1 8  | physician on please oval, and in                                     | 1    | 6a. WAS DECEASED EVER IN U.S. A  | RMED FORCES? 16b. SOCIAL SECURITY N                                    | O. 17. INFORMANT                         | Address Address                                   | 2  |
| · , ; ; ; ;  | phys<br>nen p<br>oval,   | 3    | Yes, no, or unknown) (If yes giv | 361-01-6   | 391 SUSAN M L                            | 1115 Rt 1 232                                     | C Doyck Mil                                  |
| cer  | ling phy<br>Then<br>remova   |      | 18. CAUSE OF DEATH (Enter        | only one couse per line for (a), (b), and (c).)                        |  |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 듬  | rre  |      | PART I. DEATH WAS CAU            | SED BY:  | Chinala Car                              | empetine  | 3+2 2000                                     |
| dec  | attending permit. The lan, ar remo                                   |      | 4129 IMME                        | PIATE CAUSE (a) AS CONSEQUENCE OF                                      | Christie Cov                             | gester  | Joseph John Marie                            |
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| to .   | nsi<br>eme   |      | rise ta immediate couse (a)      | ( ) (b)  | teviosclevo                              | 110   |  |
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| <b>3</b> tg  |  |      | OR CONTRIBUTING CAUSE OF D       |  |  |   |  |
| PHYSICIAN<br>e haspital  | this certi<br>etached<br>Dept. a                                     |      |                                  | e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. | ORY.) 21f. LOCATION Street ar R.F.D. Na. | City or Town                                      | County Stote                                 |
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| Te A   | With With  |      | 22b. SIGNATURE                   |  | ATTENDING ME                             | D. STAFF  | ATE SIGNED                                   |
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| TAI  | RAL DII  | 1    | 22d. PHYSICIAN'S<br>NAME (Type)  | O M16.   | 22e. ADDRESS                             | C.  | 11 1   |
| ro Hospital<br>Page 4 may  | O FUNERAL DIRECTOR: director, page 3 shaul should be filed with th   | 1    | IUR.                             | I schamache  |  |   | ners vurg                                    |
| HO<br>1ge  | director<br>should   | 1 2  | 3a. BURIAL, CREMATION, 23t       | 9-25-68   23c. NAME OF C   | EMETERY OR CREMATORY Hill Crematory      | 23d. LOCATION (City or Town) Pr                   | (County) (State)                             |
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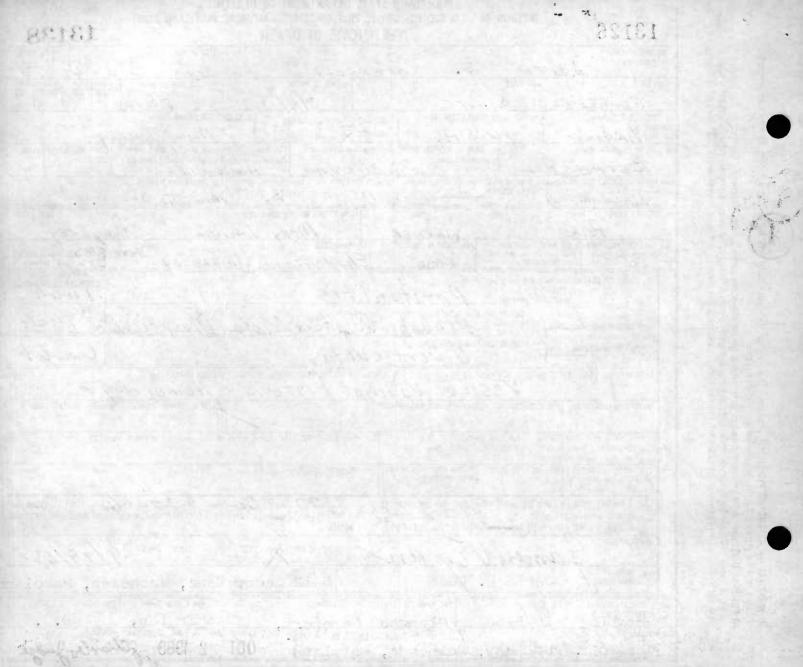
|   |               | 40402  |                                    |  | e department oi           |                  |   |                      | "                                |
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|   |               | 13124  | DIVISION OF VITAL                  | RECORDS 301 W.   | PRESTON STREET, BA        | LTIMORE, MA      | ARYLAND 21201                                     | 40                   |                                  |
| l |               |  |                                    | CERTIF   | CATE OF DEAT              | 1                |   | , T.                 | 5186                             |
| l |               | CEASED-NAME  ype or print)  A  | First O/                           | Middle   | Lost                      | 2o. DATE (       | OF DEATH  Month  Do                               | ny Yenr              | 2b. HOUR                         |
|   |               | MA   | RK (hR1.                           | Stopher ?  | NANS                      |                  | 9 2   | 1 68                 | 12-17                            |
| l | 3. SE         | X 10 01  | 4. RACE                            | /  | S. DATE OF BIRTH          | , ()             | 6. AGE (In years last birthday)                   | MONTHS DAYS          | HOURS MIN                        |
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| ŀ | 10 6          | ITY OR TOWN OF DEATH   | LII NAME OF                        | HOSPITAL OR INSTITUTION (I   |                           | ISHAL OCCUPATIO  | NIGOM   | ERY                  | A A                              |
| l | 10. (         | A CONTROL OF DEATH   | give-street go                     | dress)   |                           |                  | N (Kind of work done<br>g life, even if retired.) |                      | ROZINE22 OK                      |
| I | 130           | USUAL RESIDENCE (Where de  | eceosed lived, if institution: Res | idence before 13c. CITY  | OR TOWN 13d. INSIDE C     | 13a              | STREET AND NUMBER                                 |                      |                                  |
| I | odmi:         | ssion) STATE<br>Maryland   | Montgome                           |  | hersburg                  | NO.              | 3 Oakton R  | ?d.                  |                                  |
| ı | 14. F.        | ATHER'S NAME First   | Middle                             | Lost   | 15. MOTHER'S MAIDEN NAM   | F First          | Middle  |                      | Lost                             |
| ı |               | 1  | BODDI                              | Ellous   | Potrini                   | 2 110            | 1   | DAPI                 | vit                              |
| ı | 160.          | WAS DECEASED EVER IN U.S.  |                                    | OCIAL SECURITY NO. 17  | . INFORMANT               | FT               | Address   | ) CAN                | Md                               |
| ı | Ye            | es, no, or unknown) (If yes  | give war or dates of service)      |  | C. Barry Eva              | ns.213 (         | Dakton Rd.  | Gaither              | sburg.                           |
| I |               | 18. CAUSE OF DEATH (Ente   | er only one couse per line for (   | o), (b), ond (c).)   |                           |                  |   |                      | MATE INTERVAL<br>INSET AND DEATH |
|   |               | PART I. DEATH WAS CA   | LIICED DV.                         | VOXIA  |                           |                  |   |                      |                                  |
| 1 |               | 7762   | DUE TO, OR AS A_CO                 | NSEQUENCE OF   |                           |                  |   |                      |                                  |
| 1 |               | Conditions, if ony, which go   | ove) (b) RE                        | SPIRATORY  | WISTRES.                  | 5 54             | NDROME  |                      |                                  |
|   |               | rise to immediate couse (<br>stating the underlying co   |                                    | and the same of th |                           |                  |   |                      | 1/2-747                          |
| ١ |               | last.  |                                    | 1 mmatu  | RITY                      |                  |   |                      |                                  |
| 1 |               | PART 2. OTHER SIGNIFICANT  | CONDITIONS CONTRIBUTING TO         | DEATH BUT NOT RELATED  | TO THE TERMINAL DISEASE   | OR CONDITION GIV | EN IN PART 1(o)                                   |                      |                                  |
| ١ | NO            | 7735   |                                    |  |                           | Lear             |   | CONCIDENCE IN CO     |                                  |
|   | CERTIFICATION | 190. DATE OF OPERATION   | 19b. CONDITION FOR WHICH OPE       | KATION WAS PERFORMED   | 20a. AUTOPSY?             | CALIS            | IF YES, WERE FINDINGS<br>ES OF DEATH?             | CONSIDERED IN CE     | EKTIFYING                        |
|   | ERTI          | 21o. ACCIDENT WAS UNDER  | LYING 21b. TIME OF INJURY          | / 121-   | HOW INJURY OCCURRED (E    | DA CARO          | iver in Part 1 or Part 2                          | Itom 19 )            |                                  |
|   | S S           | OR CONTRIBUTING CAUSE OF   | F DEATH HOUR A.M. Mont             | h Doy Yeor   | HOW HUNK! OCCURRED (      | mer notare of In | ury in ron 1 of ron 2                             | , nem 10.)           |                                  |
|   | MEDICAL       | (If either, notify medicol ex<br>21d. INJURY OCCURRED  |                                    | E. FARM, STREET, FACTORY, 1 216  | LOCATION Street or R.F.D. | No G             | ly or Town  | County               | Stote                            |
|   |               | THE THE PARTY OF T | 21e. PLACE OF INJURY (AT HOMOFFICE | BUILDING, ETC.   | LOCATION SHOEL OF K.I.D.  | 110.             | , o. 10wii  | county               | 51016                            |
|   |               | OF WOLK OF WOLK  | (this haspital) attended           | the deceased from  |                           | 9, ta_           |   |                      | (I) (we) lo                      |
|   |               | saw the decease  | d alive on                         | 19   | nd that in (my) (our)     | opinion deoth    |   |                      | and from t                       |
|   |               |  | oove, (I) (we) (did) (did no       | ot) view the body afte   | r deoth.                  |                  | Las   | DATE CICNED          |                                  |
|   |               | 22b. SIGNATURE   | Bur & D.                           | DE   | GREE PHYS.                | MED.             | STAFF   | c. DATE SIGNED  9-22 | -68                              |
|   | 13            | 22d. PHYSICIAN'S   | pourcey                            | DE   | GREE PHYS. 22e. ADDRESS   | DIRECTOR         | PHYS.   | 1-22                 | 60                               |
| 1 |               | NAME (Type) /// c  | HAEL BUCK                          | 184  | III. ADDRESS              |                  |   |                      |                                  |
|   | 230           |  |                                    | 23c. NAME OF CEMETERY  | OR CREMATORY              | 23d. LOCAT       | ION (City or Town)                                | (County)             | (Stote)                          |
|   | (3            | REMOVAL (Specify)  | 9-23-68                            | Gate Of He   |                           | Si               | 10N (City or Town)<br>LverSpring                  | . Montg,             | Md                               |
|   | -             |  | nest C-Cartner                     | ADDRESS A  | 2So. REC                  | D BY REGISTRAR   | 2Sb. REGISTRAR                                    | 'S SIGNATURE         |                                  |
|   | 8             | e Duln   | 3.0                                | SOURG MID  | DATESE                    | P24 18           | 368 golia   | were Inch            | ye.                              |

acts1 THE PERSON OF TH SEP 2 1 1968 JUNE - AND JUNE

| -  | 13125 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |  |
|--|--|--|
| FOR STATE  | 2/21/69 kk MEDICAL EXAMINER'S CERTIFICATE OF DEATH   | 13137  |
| HEALTH DEPT.   | 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN A Month  | Day Yeor 2b. HOUR                            |
| is<br>of of  | (Type ar Print) ( COUSTC)  OF ESTI- DEATH MATED   OF DEATH MATED   OF ESTI- DEATH MATED     | 5- 188 67                                    |
| deloy is and 3 to 43. Poge   | 3. SEX 4. RACE S. DATE OF BIRTH (1887 6. AGE (In years IF UNDER 7/1EAR IF UNDER 24 HRS OR DAYS HOURS MIN. Months ( Days Min. Mo | 2d. HOUR                                     |
| y deloy is and 3 to PM3. Poge  | F W 18/30/917 17/81YRS //7 5 MONING 9 BOY 3  | Year 1968 6 AM                               |
| an, 2  | 70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   |  |
| Pages<br>With for  | 10. CLIPT OR TOWN, OF DEATH 17 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane  | 126/KIND OF BUSINESS OR                      |
| 0. 4   | 12eHe3da give street address 71 burban during mast of warking life, even if retired.)  | WEUSTRY                                      |
|  | 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c (177 OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 13b. COUNTY 120 Perfect 13c (177 OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13d. INSIDE C | ryDeive                                      |
| hours<br>Item 14<br>Office<br>Tond 2   | 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle  | Lost   |
|  | UNKNOWN  |  |
| hin<br>ncil<br>nine<br>page<br>hou   | (Yes, na, or unknown) (If yes give war or dates of service) (16b. SOCIAL SECURITY NO. 17. INFORMANT (17. INFORMANT) (18 yes give war or dates of service) (17. INFORMANT) (18 yes give war or dates of service) (18 yes give war or dates of service)  | marve.                                       |
| ould be executed wit<br>vord "pending" in pe<br>ne Chief Medical Exon<br>al-transit permit. File<br>any event within 72  | 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| executed nding" ir Medical I permit.   | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cliebe Coronary Ansuffice   | ency   |
| e execut<br>pending<br>ef Medic<br>isit permi  | Conditions, if ony, which gove )  DUE TO, OR AS A CONSEQUENCE OF   | 1  |
| d be<br>d "pe<br>Chief<br>transi   | rise to immediate couse (a), (b) What is the course (b) the course | a de   |
| should be e<br>ne word "per<br>to the Chief I<br>burial-transit<br>I in any ever   | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF  |  |
| the state of the objust of the irrand in the irrand in the objust of the | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)   |  |
| This certificate ficate, writing the be forworded to do be used os o bor removol, and  | = 4201   |  |
| certification or work used movo  | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   | 20. AUTOPSY?                                 |
| at of the pe   | 15   | YES NO                                       |
| 73   |  | /tem 18.)                                    |
| NER<br>Shou<br>files<br>3 sho  | PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town   | County State                                 |
| XAM<br>te th<br>ge 4<br>your<br>oge<br>crem  | WHILE NOT WHILE of foctory, office building, etc.)  AT WORK AT WORK  |  |
| TY DICAL E.  y, please executed director. Poy se retained for (AL DIRECTOR: For  | 22a. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry [  | and in my apiniar                            |
| blease e director etained birect bu  | death resulted from: Natural causes Accident Suicide , Hamicide , Undetermined manner  |  |
| please<br>I direct<br>retaine<br>DIREC   | ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE  | CICNED                                       |
| ssory, property and property be ready be refined the price of the pric | SIGNATURE TO STORY MEDICAL EVANIATE OF STORY   | -1910  |
| O DEPUT' necessory, the funer 5 may be O FUNERA Health pr  | NAME (Type) BELDEN K DEN DADDESS THEN LITY COUNTY)   | , 3,1100                                     |
| nece<br>the<br>5 m<br>5 m<br>Heal  | 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  | (County) (Stote)                             |
| Transfer of  | REMOVAL (Specify) 1 9-9-68 Arlington National Arlington.   | Virginia                                     |
| VR A15ME (5)   | 24. FUNERAL DIRECTOR  Robert: A Pumphrey 7557 Wisconsin Average SFP 1 0 1968 ICLE  | SIGNATURE                                    |
| 10M REV. 1/68  | Robert A Pumphrey 7557 Wisconsin Avenau SEP 10 1968 for  | 00   |



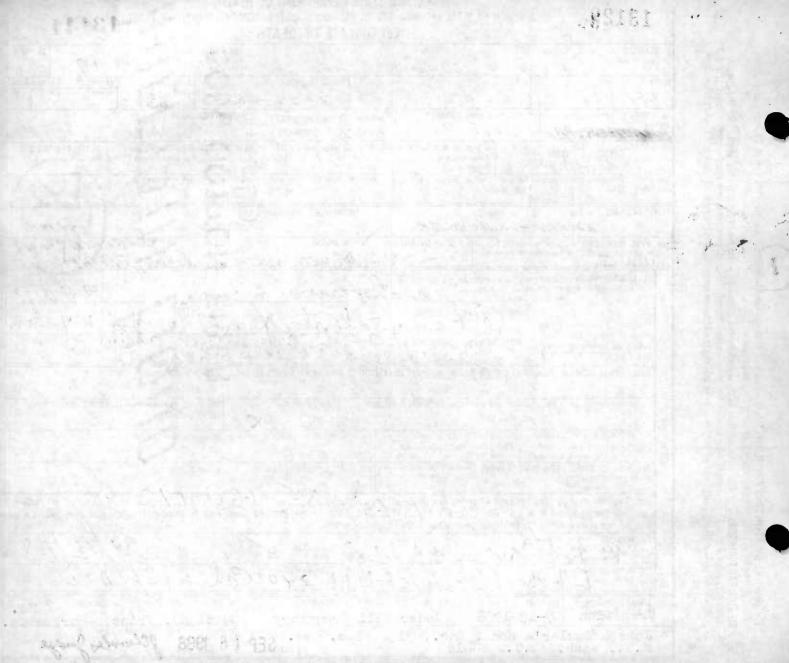
| 1  |               | 13126  | DIVISION OF V                          |                      | , 301 W. PRESTON STRE          |                                  | RYLAND 21201                       | 131             | 38               |
|--|---------------|--|--|----------------------|--------------------------------|----------------------------------|------------------------------------|-----------------|------------------|
| - 2  | 1. D          | ECEASED-NAME First   |  | Middle               | Lost                           | 2a. DATE OF                      | DEATH                              |                 | 2b. HOUR         |
| after death.<br>he funerol<br>ges 1 ond 2<br>after death.  | (             | Type ar print)   | TA                                     | S.                   | FERRELL.                       | 5                                | Month Day                          | Year 1968       | 1, 29 M          |
| e lu   | 3. S          |  | 4. RACE                                |                      | S. DATE OF BIRT                |                                  | A ACE IIn yours                    | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
|  |               | FEMALE   | WH                                     | 17-1=                | SI                             | 11885-                           | last birthday)                     | MONTHS DAYS     | HOURS MIN.       |
| by the   |               | BIRTHPLACE (Stote or foreign   | 7b. CITIZEN OF WHA                     |                      | 8. MARRIED NEVER MARRI         | 9. COUNTY OF                     |                                    |                 |                  |
| Fers F.  | can           | NRGINIA  | U                                      | S.A.                 | WIDOWED DIVORCE                |                                  | hont gome.                         | er              | Md               |
| in 2   | 10.           | CITY OR TOWN OF DEATH  | 11. NAA                                | AE OF HOSPITAL OR I  | ISTITUTION (If not in hospital | 12a. USUAL OCCUPATION            | (Kind of work done                 | 12b. KIND OF B  | SUSINESS OR      |
| ecuted within 24 hours completely filled to by 1 ove corbary papers. Po y event within the busts   |               | BETHESD  | A,                                     | reet address)        | UBUR BAN                       | during most of working           | lite, even it retired.)            | INDUSTRY        |                  |
| ed verl  | 13o.          | USUAL RESIDENCE (Where deceose   | ed lived, if institutio                | n: Residence before  |                                | d. INSIDE CITY LIMITS? 13e. ST   | REET AND NUMBER                    |                 |                  |
| e executed ond complex remove con a construction on the contraction of |               | issian) STATE NASHING TO H   |  |                      | W.C.                           |                                  | OTIS St.                           | N.W.            |                  |
| ond remin on   | 14.           | FATHER'S NAME First  | Middle                                 | Last                 | 1S. MOTHER'S MAID              | DEN NAME First                   | Middle                             | 1               | Lost             |
|  |               | Polk   |  | WARNE                |                                | ARY LAUNIA                       | e to                               | emp 4RE         | Ex.              |
| physician ten please iovol, and i  |               | . WAS DECEASED EVER IN U.S. ARM<br>'es, po, or unknown)   (II yes give wi  | IED FORCES?<br>or or dates al service) | 16b. SOCIAL SECURITY |                                | 7.1.44                           | Address                            | 6 Glenwe        |                  |
| phy<br>en<br>ovo   | H             | 210  |  | None                 | ElizaBETI                      | H. WHITTL                        | ESEY-                              | S. S.           | ATE INTERVAL     |
| ne deoth cer<br>attending p<br>permit. The   |               | 18. CAUSE OF DEATH (Enter onl<br>PART 1. DEATH WAS CAUSED                  |  | far (a), (b), and (c | ) Lie                          |                                  |                                    |                 | ISET AND DEATH   |
| ne deoth<br>attendir<br>permit.<br>ion, ar re  |               |  | TE CAUSE (a)                           | Perit                | -on/17/3                       |                                  |                                    | 100             | ag               |
| e at<br>per  |               | Canditians, if any, which gave)  | DUE TO, OR AS                          | A CONSEQUENCE OF     | La Rustura                     | d Colon U                        | ) we Fire                          | 10 14           | weels            |
| not th<br><br>/ the<br>insit p   |               | rise ta immediate cause (a),   | (b) OP AS                              | A CONSEQUENCE OF     |                                | COIONO                           | 100111001                          | Con 14          |                  |
| AN: The low requires that the death certiffed or attending physicion. Sicote has been signed by the attending physicion use as the burial-transit permit. Then physically prior to burial, cremation, ar removal,  |               | stating the <u>underlying couse</u>  | (c)                                    | DIVER                | ticulitis                      |                                  |                                    | Un              | det              |
| phy<br>phy<br>sign<br>buri   |               | PART 2. OTHER SIGNIFICANT CON  | 1-1                                    |                      | NOT RELATED TO THE TERMINAL I  | . /                              | . /                                |                 |                  |
| w re<br>Jing<br>een<br>the<br>r ta   | NO            | 5/2/   |  | co Va                | eginal Fis                     |                                  | temorri                            |                 |                  |
| O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospitol or attending O FUNERAL DIRECTOR: After this certificote has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta   | CERTIFICATION | 190. DATE OF OPERATION 196. (  | CONDITION FOR WHIC                     | H OPERATION WAS P    | FORMED 200. AUTOPS             |                                  | YES, WERE FINDINGS CO<br>OF DEATH? | ONSIDERED IN CE | RTIFYING         |
| or or or us  |               | 21a. ACCIDENT WAS UNDERLYIN  |  | INJURY               |                                | RRED (Enter nature of inju       | ry in Part 1 or Part 2, I          | tem 18.)        |                  |
| riffice<br>d fol<br>of He  | MEDICAL       | or contributing Cause of Death   |  | Manth Day Yea        | 9                              |                                  |                                    |                 |                  |
| G PHYSICIAN:<br>the hospitol or<br>this certificote<br>detoched for<br>te Dept. of Heal  | ME            | 21d. INJURY OCCURRED 21e.  | PLACE OF INJURY (                      |                      | ACTORY.) 21f. LOCATION Street  | or R.F.D. No. City               | or Town                            | Caunty          | State            |
| this this deto   |               | While Not while ot work  | ,                                      |                      |                                |                                  |                                    |                 |                  |
| by there be constant   |               | 22a. I certify that (I) (thi   | s haspital) atter                      | nded the deceas      | sed fram 9/27                  | , 19_6, ta                       | 9 79, 19                           | , that          | (1) (aux) lost   |
| OR ATTENDING PHYSICIAN: be retained by the hospitol or DIRECTOR: After this certificate ye 3 should be detached for u ted with the State Dept. of Heal   |               | 22a. I certify that (I) (thi<br>saw the deceased al<br>causes stated above | ive an                                 | did not) view the    | body after death.              | ( <del>aur</del> ) apinian death | accurred an the da                 | te and haur o   | ind from the     |
| F S C S E  |               | 22b. SIGNATURE   | [ ]                                    | 1                    |                                |                                  | 22¢. [                             | DATE SIGNED     | ,                |
| OR Direction of the control of the c |               | Van  | mes W                                  | Zu a                 | DEGREE PHYS.                   | MED. DIRECTOR                    | STAFF PHYS.                        | 9/291           | 65               |
| TAL<br>AL C<br>Poog<br>e fill  |               | 22d. PHYSICIAN'S<br>NAME (Type) J.   | AMES W.                                | ZGAN                 | 22e. ADDRE                     | Codem Tor                        | no Rotho                           | ada M           | 0.007.]          |
| O HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hos O FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept.   |               | /  |  | /                    |                                | Cedar Lar                        |                                    |                 |                  |
| HO age   | 230           | BURIAL, CREMATION, 23b. [ REMOVAL (Specify)                                |  |                      | CEMETERY OR CREMATORY          |                                  | ON (City or Town)                  | (County)        | (State)          |
| 5g 5g s  | 04            | REMOVAL (Specify) BULLAI  FUNERAL DIRECTOR                                 | 0/2/68                                 | Glen                 | good Cemeter<br>Asconsin Ave   | Wash                             | ington,                            |                 | .C.              |
| VR A15 (4)<br>30M REV. 1/68  | 24.           |  | MPHREY                                 |                      | asconsin Ave                   | hate OCT 2                       |                                    | liantes (       | ludge            |



|   |               |   |  |                    | PAKIMENI OF HEAL                   |  | * 2  |
|---|---------------|---|--|--------------------|------------------------------------|--|--|
| 1 |               | 13129   | DIVISION OF VITAL RECORDS  |                    | ION STREET, BALTIMOI<br>E OF DEATH | RE, MARYLAND 21201                               | 13140  |
|   | 1 D           | CEASED-NAME First   | Middle   | CERTIFICAT         |                                    | DATE OF DEATH                                    | 2b. HOUR   |
|   |               | ype or print)   |  | AN F.              | huna)                              | 9 Month Do                                       | Y 1907 3150 N  |
| H | 3. SI         | X   | 4. RACE  | S. D               | ATE OF BIRTH                       | 6. AGE (In years last birthday)                  | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN |
|   | /             | MAIE  | White  |                    | 5-19-05                            | 65 YRS.  | MICHTIS DATS HOURS MIT                                 |
|   | caul          | BIRTHPLACE (Stote or foreign                                | 7b. CITIZEN OF WHAT COUNTRY?   | 8. MARRIED N       | ITATV MWVVIED                      | UNTY OF DEATH                                    | en Coulte  |
|   | 10. (         | ITY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL OR II   | _                  | hospital 12a. USUAL OCC            | UPATION (Kind of work dane                       | 12b. KIND OF BUSINESS OR                               |
| 1 | 5             | HUEK Spring   | med. give street oddress)  | CKOSS              |                                    | warking life, even if retired.)                  | INDUSTRY   |
| 2 | 13o.<br>odm   | USUAL RESIDENCE (Where deceded ssion) STATE                 | sed lived, if institution, Residence befare  | 13c. CITY OR TOW   | /N 13d. INSIDE CITY LIMITS?        | 13e. STREET AND NUMBER                           | 44.6   |
| 1 | 14.           | ATHER'S NAME , First  | Middle Lost  | IIS MO             | THER'S MAIDEN NAME First           | Middle   | Lost   |
| 人 |               | Thomas  | T. FlyNN S   |                    | 1 3                                | TELLE VONE                                       |  |
|   |               | WAS DECEASED EVER IN U.S. AR                                | Andread and a second a second and a second a |                    |                                    | Address  | 2 m 1  |
| - |               |   |  | 252 Lou            |                                    | MAYC   | APPROXIMATE INTERVAL                                   |
|   |               | PART I. DEATH WAS CAUSE                                     | ally ane cause per line for (a), (b), and (c) D BY: Maligna  | nt tumo            | r of left :                        | femur with                                       | BETWEEN ONSET AND DEATH                                |
|   |               | 1707  | DUE TO, OR AS A CONSEQUENCE OF   |                    |                                    |  |  |
|   |               | Conditions, if any, which gove rise to immediate cause (a), | metastat   | ic nodu            | les in both                        | lungs.   |  |
|   |               | stoting the underlying cause lost.                          | DUE TO, OR AS A CONSEQUENCE OF   |                    |                                    |  |  |
|   |               |   | (c)NDITIONS CONTRIBUTING TO DEATH BUT I  | NOT RELATED TO THE | TERMINAL DISEASE OR CONDIT         | TON GIVEN IN PART 1(a)                           |  |
|   | N             | 1969  |  |                    |                                    |  |  |
|   | CERTIFICATION | 19a. DATE OF OPERATION 19b.                                 | CONDITION FOR WHICH OPERATION WAS P  | ERFORMED           | ZDa. AUTOPSY?  YES NO              | 20b. IF YES, WERE FINDINGS (<br>CAUSES OF DEATH? | CONSIDERED IN CERTIFYING                               |
|   | CERTIF        | 210. ACCIDENT WAS UNDERLYII                                 | NG 21b. TIME OF INJURY   | 21c. HOW II        |                                    | re of injury in Port 1 or Port 2,                | Item 18.)  |
|   | MEDICAL       | OR CONTRIBUTING CAUSE OF DEA                                | TH HOUR A.M. Month Day Yeo   | r<br>19            | (-111                              |  |  |
|   | ME            | 21d INILIRY OCCURRED 21e                                    | PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.   |                    | ON Street ar R.F.D. No.            | City or Town                                     | County State   |
|   |               | While Not while at wark at wark                             | is basnital) attended the decree   | ad from 'Wh        | 10 6 V                             | , ta 9/1/ . 19                                   | 6.5, that (1) (we) las                                 |
|   |               | saw the deceased of   | is haspital) attended the deceasilive an, (i) (we) (did) (did nat) view the  | 19 and the         | at in (my) (our) opinian           | death occurred an the de                         | ate and haur and fram the                              |
|   |               | causes stated abav  |  |                    | h.                                 |  | DATE SIGNED  |
|   |               | Thirt   |  | . D. DEGREE        | ATTENDING MED. DIRECTO             | OR PHYS.   | 9/11/68  |
|   |               | 22d. PHYSICIAN'S<br>NAME (Type) Hug!                        | n Irey, M.D.   | Misel              | 22e. ADDRESS                       | Hamp.Ave.,                                       | S S Md   |
|   | 22,00         |   |  | CEMETERY OR CREM   |                                    | . LOCATION (City or Town)                        | (County) (Stote)                                       |
|   | 238           | BURIAL, CREMATION, 23b.                                     | PT 14,1968 OUR L   | Advof Jo           | SKROWS C                           | Iwensuille.                                      | AA Md  |
|   | 24.           | FUNERAL DIRECTOR  | O // ADDRES  | NAPOLIS            | 2So. REC'D BY REG                  |  | SIGNATURE Quelos                                       |
|   | 1             | ordesey -un   | The Man  | Who IIs            | Mel DATE SEP                       | 18 1968 geli                                     | ares Judge   |

BIN FOUNDER OF BURNEY WILD Haliman's trop of last transfer retariated notular in the lung. 11111 - Fry, ... report of the section of the section

|       |  | 1    |               |                                    |  | ND STATE DEPARTM  |                          |  |                                    |
|-------|--|------|---------------|------------------------------------|--|---|--------------------------|--|------------------------------------|
|       | 7 1  | -    |               | 13129                              | DIVISION OF VITAL RECORDS                  | S, 301 W. PRESTON STR   | REET, BALTIMORI          | E, MARYLAND 21201                        | 19444                              |
|       |  |      |               | TOTAL                              |  | CERTIFICATE OF  | DEATH                    |  | 13141                              |
| *     |  |      |               |                                    |  |   |                          |  | la value                           |
|       | =======================================  |      |               | CEASED-NAME First                  | Middle                                     | Last  |                          | DATE OF DEATH                            | 2b. HOUR                           |
|       | er death.<br>funeral<br>1 ond 2<br>er deoth.   |      | 1,            | (pe or pnnt) CORNE                 | LIA WILLIA                                 | ams Fowl  | ER O                     | EPT. Month 12 Doy                        | 1968 3= P.M                        |
|       | fun er er  |      | 3. SE         |                                    | 4. RACE                                    | S. DATE OF BI   | RTH                      | 6. AGE (In years                         | IF UNDER 1 YEAR   IF UNDER 24 NRS. |
|       | urs after d  | -    |               | -EMALE                             | WHITE                                      | CI -  | 26-188                   | last birthday)                           | MONTHS DAYS NOURS MIN              |
|       | Sage Tr  |      |               |                                    |  |   |                          |  |                                    |
| -     | 8 5 6  |      | 7a. E         | IRTHPLACE (State or foreign        | 7b. CITIZEN OF WHAT COUNTRY?               | 8. MARRIED MEVER MAR  | RIED 9. COU              | NTY OF DEATH                             |                                    |
|       | 中 信息   |      | CODII         | MASS.                              | U.S.A.                                     |   | RCED /                   | MONTGOMERY                               | 1 COUNTY Md.                       |
| 75.00 | in 24  | 10-  | 10. C         | II UR TOWN OF DEATH ase            | 11. NAME OF HOSPITAL OR                    | INSTITUTION (If not in haspital                                 | 120. USUAL OCCL          | JPATION (Kind of wark dane               | 12b. KIND OF BUSINESS OR           |
|       | with with  | 90   |               | ASHING TON, D                      | give street address) DE                    | INSTITUTION (If not in haspital<br>THES DA-SILVER<br>RSING HOME | during most at v         | varking life, even if retired.)<br>EWIFE | INDUSTRY                           |
| 100   | d w<br>lete<br>arb   | 110  |               |                                    | ed lived, if institution: Residence before | e 13c. CITY OR TOWN   | 13d. INSIDE CITY LIMITS? | 13e. STREET AND NUMBER                   |                                    |
|       | be executed within 24 hours after death and completely filed in by the funeral in eremove carbon pages. Pages I and in ony event, within 72 hours after death  | 47   | odmi          | SSIGN) STATE WAS HINGTON D.C.      | 13b. COUNTY                                |   | YES NO                   | 2800 WO 0DL21                            | VRD. N.W.                          |
|       | xec<br>no<br>no<br>ny  | 2    | 14. F         | ATHER'S NAME First                 | Middle Lost                                | Is. MOTHER'S MA   | AIDEN NAME First         | Middle                                   | Last                               |
|       | and<br>rem   |      |               |                                    | H. WILLIAMS JR.                            |   | JEN                      | NIE                                      | BEMIS                              |
| 1     | on   |      | 16a.          | WAS DECEASED EVER IN U.S. ARM      |  | TY NO. 17. INFORMANT  |                          |  | BOTON CONN,                        |
| 1/    | Signal Signal  |      | Y             | es, na, ar unknown) (If yes give w | rar ar dates af service) 130-07            | - SOST DR. WEN  | TWORTH                   | WILLIAMS, B                              |                                    |
| /( ]  | phy en ova   |      |               | WW .h                              |  |   | I PVLI - I FT            | WILLEIGHS / KA                           | APPROXIMATE INTERVAL               |
| 1/-   | 2 E E  |      |               |                                    | y one couse per line for (o), (b), and     | (c).)   |                          | 1  | BETWEEN DISSET AND DEATH           |
| -     | a in it is   |      |               | PART I. DEATH WAS CAUSEI           | TE CAUSE (a) Dress                         | ches Due  | umoz                     | LLA                                      | of exam                            |
|       | ne death cer<br>attending p<br>permit. The<br>ion, or remo   |      |               | 4129                               | DUE TO, OR AS A CONSEQUENCE                | DE D  |                          | 4.0                                      |                                    |
|       | t the cather sit pound io  |      |               | Conditions, if any, which gove     | Or leve                                    | D 10/4 //   | · Non                    | I DONA,                                  | 1 4 years                          |
|       | nsi ms   |      |               | rise to immediate cause (a),       | DUE TO, OR AS A CONSEQUENCE                | 12 11 11 17   | Drie of                  | Lati                                     |                                    |
|       | PHYSICIAN: The law requires that the death certificate be executed to hospital or attending physician. The attending physician or executed his certificate has been signed by the attending physician and complestached for use as the buriol-transit permit. Then please remove can Dept. of Health prior to buriol, cremation, or removal, and in any event  |      |               | stating the underlying couse lost. | 10) 10 ella                                | lood an   | ledo                     | Charge and                               | ect ()                             |
|       | physicio<br>signed l<br>buriol-tr  |      |               |                                    | IDITIONS CONTRIBUTING TO DEATH BUT         | NOT CHATED TO THE TERMINA                                       | DISEASE OP CONDITION     | ON GIVEN IN PART I(a)                    |                                    |
|       | sic pr   |      |               | // O O O                           | TOTAL CONTRIBUTION TO DEATH BOT            | NOT REPAILED TO THE TERMINA                                     | L DISLASE OR CONDITION   | DIE OTTEN IN TAKT I(U)                   |                                    |
|       | w<br>ling<br>een<br>the  |      | S             | T X00                              |  |   |                          | Tan is use were sweet a                  | AVCIDED IV CONTINUE                |
|       | encence<br>s b   | 0    | A             | 190. DATE OF OPERATION 19b.        | CONDITION FOR WHICH OPERATION WAS          | PERFORMED 20a. AUTO   |                          | 20b. IF YES, WERE FINDINGS CO            | ONSIDERED IN CERTIFYING            |
|       | IAN: The law rectal or attending the ficote has been sfor use os the feedth prior to be the feed the prior to be the p | 2    | CERTIFICATION |                                    |  | YES 🗌   | NO K                     | CAUSES OF DEATH!                         |                                    |
|       | or or  |      |               | 21a. ACCIDENT WAS UNDERLYIN        |  |   | URRED (Enter nature      | e of injury in Part 1 or Port 2,         | Item 1B.)                          |
|       | by the hospital or<br>fter this certificate<br>be detached for un  |      | MEDICAL       | DR CONTRIBUTING CAUSE DF DEAT      |  | or<br>19  |                          |  |                                    |
|       | G PHYSICI<br>the hospitr<br>r this certif<br>detached<br>te Dept. of   |      | MEE           | 21d. INJURY OCCURRED   21e.        |  | FACTORY.) 21f. LOCATION Stree                                   | et ar R.F.D. Na.         | City ar Tawn                             | County State                       |
|       | by the hos offer this ce be detached State Dept.   |      | П             | While Not while of wark at work    | \ DFFICE BUILDING, ETC.                    | 1   | /                        | 01                                       |                                    |
|       |  |      |               |                                    | is haspit <del>al) attended the dece</del> | read from 19 44 A   | 3 10/2/2                 | to 201/ 2/19                             | ( ), that (I) (we) last            |
|       | After State State  |      |               | caw the deceased a                 | live an                                    | 19 Sand that in (m  | v) (tour) aninian        | leath accurred on the do                 | te and haur and from the           |
|       | He did   |      |               | causes stated above                | e, (L) (we) (did) (did nat) view th        | ne bady after death.  | y / (oor / aprillar )    | addin occomed an ine ad                  | /                                  |
|       | R ATTENDING<br>retained by the<br>ECTOR: After<br>3 shauld be d<br>with the State  |      |               | 226 SIGNATURE A                    | 42   |   | /                        | 22-                                      | DATE SIGNED / .                    |
|       | REC 3  |      |               | 6 Kockert                          | Feron 100                                  | DEGREE PHYS.  | NG MED.                  | T STATE T                                | 1/2/1/28                           |
|       | y by   |      |               | 22d. PHYSICIAN'S                   | · In                                       | 22e. ADD  |                          | 1 1016                                   |                                    |
|       | RAI P  |      |               | NAME (Type)                        | bert Bauer                                 | sfelding 2  | 40100                    | locat st.                                | nw.                                |
|       | TO HOSPITAL OR ATTENDIP<br>Page 4 may be retained b<br>TO FUNERAL DIRECTOR: Aff<br>director, page 3 shauld b   | 0    | 220           | BURIAL, CREMATION, 23b.            | DATE 23c. NAME                             | OF CEMETERY OR CREMATORY  | 1 234                    | LOCATION (City or Town)                  | (County) (Stote)                   |
|       | Aire Stoot   | KK   | 230.          |                                    |  | r Hill Cremat   |                          |  | Md.                                |
|       | 5 5  | 8    |               |                                    | 1000                                       | L HITT OLGHGE   | OLA BECID BY BECH        | itland, Prine                            | ce Georges Co.                     |
|       | VR A15   |      | 24.           | Togseth Cawler                     | 's Sons, Inc. ADDR.<br>D.C., 20016         | 2130 Wisc. Ave  | CED T                    | 8 1988 /Cla                              | wa Judge                           |
|       | 30M REV.   | 1/68 |               | N.W., Wash.,                       | D.C., 20016                                |   | DATEUL                   | 0 1000                                   | 1                                  |



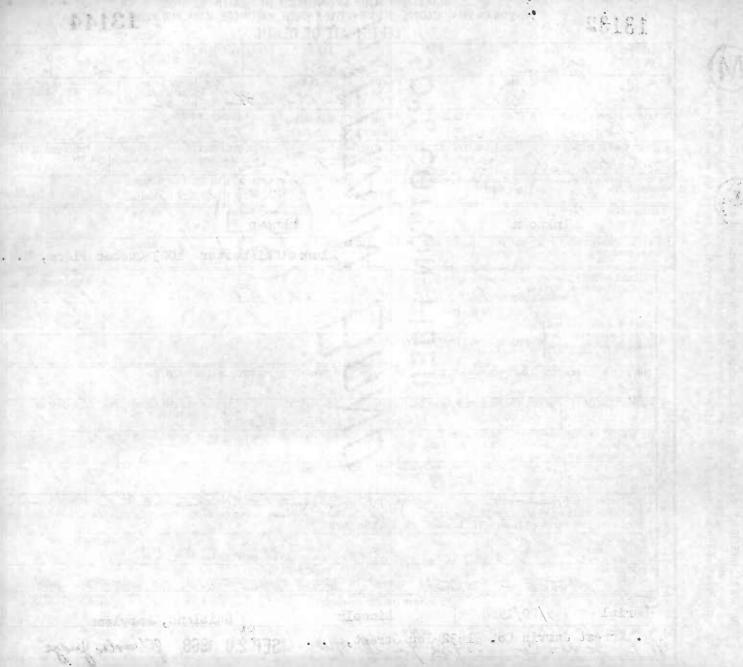
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13142 CERTIFICATE OF DEATH 2b. HOUR Lost DECEASED-NAME First Middle 2o. DATE OF DEATH death. executed within 24 haurs after death. (Type ar print) Month Sept. (Lilly) Lillie Fox ción and completely (thee in by the fur letse remaye carbon papers. Pages 1 and a pay event, within 22 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR 7o. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED MARY/AND WIDOWED X DIVORCED [ 10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 120. USUAL OCCUPATION Kind of work stone 12b. KIND OF BUSINESS OR ofve street oddress) during mast of working life, even if refired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Cackville. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost requires that the death certificate be 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes no or unknown) signed by the attending phy burial-transit permit. Then burial, crematian, ar remaval APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN CINSET AND DEATH Corebral Thrombosis minutes IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave Advanced Arteriosclerotic Cardiovasc Jar rise ta immediate couse (o), 15 years. Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO PT 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING entember 28, 1968 DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S McLe Gree NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23h DATE (County) (Stote) REMOVAL (Specify) 0 Burial 1968 Zion Meth. McKaig. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Olin L. Molesworth, Damascus, Md. 1968 DATE OCT 30M REV. 1/68

|                   |               | CAPILOT SINCE CHIEF                    |                                    |        |
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| And symmet        | 0001 - 2 1988 | • Fe                                   | . 1 <sup>1</sup> 1 - 1 - 1 - 1 - 1 |        |

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13143 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME First Middle Last 20. DATE KNOWN Manth 2b. HOUR Day 28 Year 68 (Type or Print) ESTI-OF HORTENSE **NMN** FREEMAN 10:50A DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 84 HOURS Manth Day 28 10 6810: 50A 12-20-83 FEMALE WHITE 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH (duntry) Pennsylvania United States WIDOWED DIVORCED [ Montgomery the Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done along with 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) **INDUSTRY** Olney. Maryland Montgomery General Hospilalz U S Government 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER Maryland 3b. COUNTY admission) STATE 16004 Batson Road Montgomery Spencerville YES NO TOO 24 hours Item after 14. FATHER'S NAME First 15. MOTHER'S MAIDEN Last unknown JULISHOWN LL hours pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT pencil Exomine (Yes, na, ar unknawn) (If yes give war or dates of service) Medical Records, Mont. Gen. Hosp, Olney, Md File .⊆ within APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) e certificote, writing the word "pending" is should be forwarded to the Chief Medical permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: プタセレアつのからさ Tronchial. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit remiziof Sepsis. of Fractured Hip. Canditions, if any, which gove rise to immediate couse (o). ony This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Generalizal AftenioSelerosis \_= writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) removal CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? the certificote, nothers man pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) gr 3 should PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. foctory, office building, etc.) WHILE NOT WHILE AT WORK Pencer Ville Honre Mont burial, 220. I certify that I tack charge of the remains described above, held an Autopsy ... Inspection X Inquiry 7 and in my opinion director. deoth resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL moy be re 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE Sept 28, 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) ADDRESS(Street, city, town, or county) 0 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) 25a. REC'D BY REGISTRAR
SEP 3 0 24. FUNERAL DIRECTOR ADDRESS Gaithersburg . Md VR A15ME (5) 10M REV, 1/68

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|   | 13132  | DIVISION OF VITAL RECOR  | DS, 301 W. PR   | ESTON STREET   | , BALTIMOR  | E, MARYLAND 21   | 12013144   |   |
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| (                                       | Type or print)   | sou.   | 41  | lost   | 20.   | 9 Month  | 8 Doy Le Yeor  | 2b. HOUR 2 A. N   |
| 3. S                                    | Temele   | Caus.  |   | 8-15-1   | 1881_   | 1892 6 AGE (In you lost birthdo  | eors IF UNDER 1 YEAR DY) MONTHS DAYS YRS.                        | HOURS MIN.  |
| con                                     | ntry) Vinginiz   | Z.S.A.   | WIDOWED   | DIVORCED   |   | montgones  |  | Md  |
| 1                                       | wheata, on   | 45. 901 ascal  | o ave.  |  |   |  |  | F BUSINESS OR   |
| 13o.<br>odm                             | USUAL RESIDENCE (Where decenission) STATE D.C.   | eosed lived, if institution: Residence be<br>13b. COUNTY   |   |  |   |  |  | (W. 2051.00   |
| 14.                                     |  |  | st   15.  | MOTHER'S MAIDEN Unk  | NAME First  | N  | Aiddle   | Lost  |
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| NO                                      | rise to immediate couse (o stating the underlying couslost.  PART 2. OTHER SIGNIFICANT C | (b)  | OF OF RELATED TO  |  | ASE OR CONDITI  |  | - Sa   |   |
| RTIFICATI                               |  |  |   | YES 🗌  | NO 🗌  | CAUSES OF DEATH?   |  | CERTIFYING  |
|   | OR CONTRIBUTING CAUSE OF D   | DEATH HOUR A.M. Month Doy P.M.   | reor  |  |   |  |  | Stote   |
|   | While Not while at work  |  |   | ATION SHEET OF   | 60  |  |  |   |
|   | sow the deceosed   | glive on 17 Schol  | 19_68, and  | that in (my)40<br>eoth.  | opinion   | death occurred on  | the date and hou   | r and from th   |
|   | 22b. SIGNATURE   | 88/201-  | MD DEGRE  | ATTENDING PHYS.  | MED. DIRECTO  | STAFF PHYS.  | 22c. DATE SIGNED   |   |
| -                                       | 0000000  | 11000  |   |  |   |  |  |   |
| 1                                       | 22d. PHYSICIAN'S NAME (Type) WAL  BURIAD CREMATION, 238                                  | TER E. GOOZH  b. DATE 9/20/1968  23c. NAMI   | MD<br>OF CEMETERY OR C  |  | SHORE   | FIELD RD LOCATION (City or Tox   | WHEATON  | MD  |
| , i i i i i i i i i i i i i i i i i i i | 70. could 10. could 13. si   | 1. DECEASED-NAME (Type or print)  3. SEX  70. BIRTHPLACE (Stote or foreign country)  10. CITY OR TOWN OF DEATH  130. USUAL RESIDENCE (Where decodmission)  14. FATHER'S NAME  160. WAS DECEASED EVER IN U.S. (If yes given a control of the country)  18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMME  Conditions, if ony, which go rise to immediate couse (a stoting the underlying countrol of the country of the c | 1. DECEASED-NAME (Type or print)  3. SEX  4. RACE  70. BIRTHPLACE (Stote or foreign country)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OGIVE Street oddress)  13b. COUNTY  14. FATHER'S NAME First Middle Unknown  16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one PART 1. DEATH WAS CAUSED BY:  18 | 1. DECEASED-NAME (Type or print)  3. SEX  4. RACE  70. BIRTHPLACE (Stote or foreign country)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If no give street oddress)  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR domission)  14. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to im mediate couse (a), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  190. DATE OF OPERATION  191. INTERPORT OF OPERATION  192. CONDITION FOR WHICH OPERATION WAS PERFORMED  While Of North Bulling CAUSE of DEATH HOUR A.M. Month Doy Yeor P.M.  192. Interport of the deceased from Course stoted obove, (1) (we) (did) (did not) view the body ofter decouses stoted obove, (1) (we) (did) (did not) view the body ofter decouses stoted obove, (1) (we) (did) (did not) view the body ofter decouses stoted obove, (1) (we) (did) (did not) view the body ofter decouses stoted obove, (1) (we) (did) (did not) view the body ofter decouses stoted obove, (1) (we) (did) (did not) view the body ofter decouse stoted obove, (1) (we) (did) (did not) view the body ofter decouse stoted obove, (1) (we) (did) (did not) view the body ofter decouse stoted obove, (1) (we) (did) (did not) view the body ofter decouse of the principle of the decouse of the principle of the decouse of the principle of the principle of the decouse of the principle of the principle of the decouse of the principle of t | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET CERTIFICATE OF DE.  1. DECEASED NAME First Middle Lost (Type or print)  3. SEX A. RACE. S. DATE OF BIRTH TOO. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? WIDOWED NEVER MARRIED OUTLY)  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence belong the following street oddress)  14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN UNKNOWN 113b. COUNTY  16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes grow war or date of service)  16. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse (o).  Stoting the underlying couse (b).  101. TO RAS A CONSEQUENCE OF  CONSTRUCTIVE (C).  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISC  179. DATE OF OPERATION 19b. CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISC  189. DATE OF OPERATION 19b. CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISC  190. DATE OF OPERATION 19b. CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISC  210. ACCIDENT WAS UNDERLYING P.M. Month Doy Yeor P.M. 190. DATE OF OPERATION 19b. CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISC  210. ACCIDENT WAS UNDERLYING P.M. Month Doy Yeor P.M. 190. DATE OF OPERATION 19b. CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISC  210. ACCIDENT WAS UNDERLYING P.M. Month Doy Yeor P.M. 190. DATE OF OPERATION 19b. CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISC  210. ACCIDENT WAS UNDERLYING P.M. MONTH DOY YEOR  211. HOWEN OF COURSE OF THE CONDITION STREET | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOR CERTIFICATE OF DEATH  1. DECEASED-NAME First Middle Lost 20.  3. SEX 4. RACE S. DATE OF BIRTH  7.0. BIRTHPLACE (Shote or foreign Country) | DECEASED-NAME   First   Middle   Lost   S. DATE OF BEATH   Month | 1.0 DECEASED HAME   First   Middle   Lost   Lost |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. 1. DECEASED-NAME Middle First 2a. DATE KNOWN Month Day 2b. HOUR Yeor (Type or Print) M. 8 MARION GANTT 19 DEATH MATED IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. DATE PRONOUNCED DEAD 3. SEX 4. RACE S. DATE OF BIRTH 2d. HOUR Day Mal e White 12-2-25 Depar 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH South Carolina Mang with form WIDOWED [ DIVORCED [ Montgomery U.S.A. Give Pages the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of working life even if retired.) Navv Takoma Park. Wash San. & Hosp. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death Langley Pk. admission) STATE 13b. COUNTY P.G. YES NO and 2 Office | after Middle IS. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Last Powers Pinkney Gantt Ollie A. hours pages ADDRESS 1303 Crawford Dr. slease execute the certificate, writing the word "pending" in pencil idirector. Page 4 should be farwarded to the Chief Medical Examinet 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT be executed within (Yes no ar unknown) Ac the yes appear or dates of sepice) 245-22-9819 Gantt -- Rockville, Md. Geraldine File 72 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) BETWEEN DISSET AND DEATH permit. PART I. DEATH WAS CAUSED BY neumonia bilateral. IMMEDIATE CAUSE (a) LOBSIevent \ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise to immediate couse (a), This certificate shauld please execute the certificate, writing the word any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 OS 'sease -SOMS ar remaval, 19b CONDITION FOR WHICH OPERATION 2D. AUTOPSY? 190. DATE OF OPERATION WAS PERFORMED? YES X NO [ pe 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210. EXTERNAL CAUSE WAS 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) 5 may be retained out year NOT WHILE AT WORK AT WORK burial, Inspection X 22a. I certify that I taak charge of the remains described above, held an Autopsy 🛣 Inquiry X and in my apinian death resulted fram: Natural causes X Accident . Suicide Hamicide | Undetermined manner Health priar ta CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball Old Georgetown ADDRESS(Street, city, town, or county) 79 NAME (Type) 23d. LOCATION (City or lown) Virginia 0 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE Arlington National BEMOVAL (Specify) 9/30/68 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Tyson Wheeler Funeral Home 1331 Rock. Pike 30 1968 VR A15ME (5) 10M REV. 1/68 Rockville, Maryland

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13134 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13146 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Middle Berverly HEALTH DEPT. 1. DECEASED-NAME First Last 2a. DATE KNOWN Month (Type or Print) ESTI-Rebecca KASTAS O 19 682:20 NB Garnett DEATH MATED X delay 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH DATE PRONOUNCED DEAD 2d. HOUR 19st birthday) 57 YI 10 68 9 Day 19 Year Female Negro 2:30a 10-27-10 YRS. 7a. BIRTHPLACE (State or: foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED 9. COUNTY OF DEATH with the State De Virginia USA DIVORCED [ WIDOWED Montgomery 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR En Route to Hospi tuing mast of warking life, even if refired.) give street oddress) INDUSTRY Rockville 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13e. STREET AND NUMBER odmission) STATMaryland 13b. COUNTY Montgomery Rockville Muncaster Mill Rd. YES X NO in pencil in Item 1 after and 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Middle Last First Middle Last William Byrd Virginia West 24 haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** This certificate should be executed within (Yes, na, ar unknawn) (If was give war or dates of service) File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY Pneumoniz pending ranchial IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave nosis. years rise ta immediate cause (a), writing the ward any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Chronic Alcoholism. Years = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. NO I pe 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, EXAMINER: CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK factory, affice building, etc.) 22a. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection X Inquiry X and in my apinian death resulted fram: Natural causes Accident . Suicide Homicide Undetermined manner please CHIEF MEDICAL EXAMINER priar ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) 00 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d\_ LOCATION (City or Town) (State) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNAN VR A15ME (5 10M REV. 1/6

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13147 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-Pode DEATH MATED 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DPAD last birthday) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED olong with form country) DIVORCED [ WIDOWED [ the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Student give street address) INDUSTRY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CLTY OR TOWN admission) STATE 13b. COUNTY YES 24 hours Item 1 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Lost First Middle Lost = hours the certificate, writing the word "pending" in pencil ir 4 should be forwarded to the Chief Medicol Examiner' be executed within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS bod (Yes, pa, ar unknawn) (If yes give war or dates of service) None E within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED 8Y Subdural. Heams. toma IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if onv. which gave rise to immediate cause (o). certificate should writing the word ony DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse 2 puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) SO cremotion, or removol, 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, This YES NO pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY X OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County State factory, office building, etc.) moy be retoined for your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK Montgomen the funeral director. Page It once -220. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X ond in My opinion Accident X Suicide . Hamicide death resulted fram: Natural causes Undetermined monner pleose CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS(Street, city, town, or county) Montg. Co. G. BALL, M.D. JOHN NAME (Type) 0 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Removal 9/29/68 Holv Cross Cemetery Colma. San Mateo Co. Cal ADDRESS Wisconsin Ave 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Bethesda, Marylandoni OC 196B 10M REV. 1/68

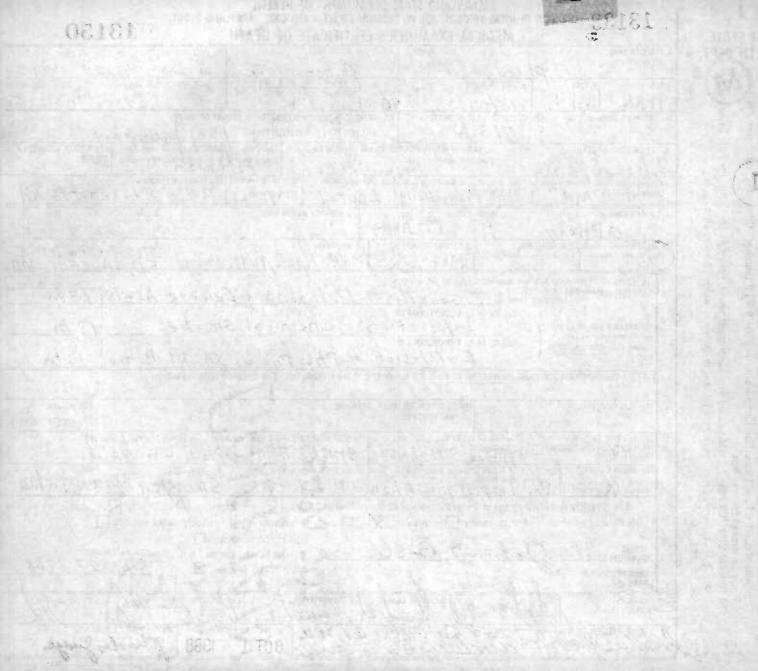
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| equires that the death certificate by physicion. signed by the ottending physicion buriol-transit permit. Then please buriol, cremotion, or removol, and it   |               | WAS DECEASED EVER IN U.S. ARME<br>es, no, or unknown) (If yes give war | D FORCES?<br>or dates of service)                             | RITY NO. 17. INFORMANT   | Address   |   |
| certing ph  |               | 18. CAUSE OF DEATH (Enter only   | one couse per line for (o), (b), on                           | \$ (c).) p -7 1  |   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH         |
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| ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of stoined by the hospital or attending physician.  TOR: After this certificate has been signed by the ottending physician and according to the should be detached for use as the buriol-transit permit. Then please temove of bon papers. Page in the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours of the state Dept.  | CERTIFICATION | 190. DATE OF OPERATION 19b. Co   | ONDITION FOR WHICH OPERATION W.                               |  | 20b. IF YES, WERE FINDING CAUSES OF DEATH?                                | GS CONSIDERED IN CERTIFYING                             |
| or o  |               | 21a. ACCIDENT WAS UNDERLYING   | 2101 111112 01 11110111                                       | 21c. HOW INJURY OCCURRED (E  | inter noture of injury in Port 1 or Port                                  | 2, 1tem 18.)  |
| pitol<br>pritol<br>ed fo<br>of H  | MEDICAL       | OR CONTRIBUTING CAUSE OF DEATH   | er) P.M.  | 19   |   |   |
| DING PHYSICI<br>I by the hospit<br>After this certif<br>be defoched<br>Stote Dept. of   | ¥             | While Not while  | PLACE OF INJURY ( AT HOME, FARM, STRE<br>OFFICE BUILDING, ETC |  |   | County Stote  |
| by til<br>by til<br>fter<br>be d<br>Stote   |               | 22a. I certify that (I) (this  | haspital) attended the dec                                    | eosed from 7-20, 19  | 968, to 9-29,   | 19 6 Y, that (I) we blas                                |
| DR: A ould  |               | causes stated obove  | (I) (we) (did) (did nat) view                                 | eosed from 7, 20, 19, 19, 19, 19, ond that in (my) (our) the body after death. | opinion aeoin occurrea an the   | aute and nour and from the                              |
| OR ATTENDING PHYSICIAN: be retoined by the hospitol or SIRECTOR: After this certificate e 3 should be detached for u ed with the State Dept. of Heal  |               | 22b. SIGNATURE Role  | F 1. Vil  | attending Degree Phys.   | MED. STAFF DIRECTOR PHYS.   | 22c. DAJE SIGNED<br>7- 29- 68                           |
| TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retoined by the hospital or or EUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt  |               | 22d. PHYSICIAN'S<br>NAME (Type)  |   | 22e. ADDRESS<br>3632   |   | w. Wash. BC.  |
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| 5 5 5 p. 2  | 24            | EUNERAL DIRECTOR   | 4/08  | DRESS 250. REC   | D BY REGISTRAR L2Sb. REGISTR  | AP'S SIGNATURE /  |
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13138 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13150 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First Lost 20. DATE KNOWN Month 2b. HOUR Doy Yeor (Type or Print) ESTI-OF DEATH MATED 196 6. AGE (In years IF UNDER 24 HRS. 3. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR and HOURS MIN. Doy AM Year 40 YRS. 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) DIVORCED WIDOWED Bages ONTOOMERY Md State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street oddress) the Give death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b COUNTY Prince George. odmission) STATE ထ Ma YES Z 65 Greencastle Rd l and 2 after in Item 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME Lost First bsor Examiner's pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT be executed within in pencil (Yes na. or unknown) File within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), permit. BETWEEN ONSET AND GEATH Chief Medical PART I. DEATH WAS CAUSED BY: pending Eclenza IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit chemical Smoke. Conditions, if ony, which gove 2/2/161. rise to immediate cause (a), This certificate shauld please execute the certificate, writing the ward any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Explosion of os Phoros Smoke Bemb. 13/2 = farwarded ta and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 SD removal, used 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES 🗍 NO F pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should 4 shauld PRIMARY TO OR CONTRIBUTING DICAL EXAMINER: crematian. ledad. Wiltand. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc. Vaur DIRECTOR: Page Vavel pardinamen 22a. I certify that I taak charge of the remains described above, held an Autapsy 🔀 burial. Inquiry K and in my apinian directar. Accident X. Suicide retained death resulted fram: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER priar ACTUAL FUNERAL ( 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE pe O DEPUT DEPUTY MEDICAL EXAMINER may O FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 230 BURIAL EREMATION. 23b DATE NAME OF GENETERY OR CREMATORY 23d LOCATION (City/or Town) 23c. REMOVAL (Specify) VR A15ME (5)



|       |               | 13139  | DIVISION OF   | VITAL RECORDS,                                      | 301 W. PF                                     |   |   |                                 | YLAND 21201.                               | 3151            |                                   |
|-------|---------------|--|---|---|---|---|---|---------------------------------|--|-----------------|-----------------------------------|
| 1.    |               | EASED-NAME First  pe or print)  Judith   |   | Middle<br>NMN                                       | (   | last<br>Gilbert                         | t                                       | 2a. DATE OF I                   | tember 18                                  | 1,968           | 2b. HOUR 1<br>3:00 M              |
| 3.    | SE)           | Female   | 4. RACE Whi   |   |   | 5. DATE OF BI                           | y 1943                                  |                                 | 6. AGE (In years<br>last birthday)<br>YRS. | MONTHS DAYS     | HOURS MIN                         |
|       |               | RTHPLACE (State or foreign   | 7b. CITIZEN OF WH                                   |   | WIDOWED [                                     |   | RRIED 9.                                | Monte                           | comery                                     |                 | Md                                |
| 10    | ). (I         | TY OR TOWN OF DEATH Bethesda   | 11. NA<br>give s                                    | ME OF HOSPITAL OR INS<br>treet address) The C1:     |   | ot in hospital  Center                  |   |                                 | Kind of wark done<br>fe, even if retired.) | 12b. KIND OF E  | BUSINESS OR                       |
| 13    | Ba. l<br>dmis | JSUAL RESIDENCE (Where decease sian) Florida   | lived, if instituti                                 |   | 13c. CITY OR<br>tona B                        |   | YES NO NO                               |                                 | ESSEX RO                                   | ad              |                                   |
| 14    | 4. F/         | ATHER'S NAME First Harry   | Middle  | Last<br>Camagna                                     | 15  | . MOTHER'S MA                           | Alic                                    |                                 | Middle                                     | Kni             | lost<br>ght                       |
| 1     | 6а.<br>Ув     | WAS DECEASED EVER IN U.S. ARM<br>s, no or unknown) (If yes give w                            | ED FORCES?<br>or or dates of service)               | 16b. SOCIAL SECURITY 1<br>266-66-56                 |   | nformant the Clin                       | The Medi<br>nical Ce                    | cal Renter,                     | cord Address<br>NIH, Beth                  |                 |                                   |
|       |               | 1B. CAUSE OF DEATH (Enter onl<br>PART I. DEATH WAS CAUSED<br>IMMEDIA                         | BY: SE CAUSE (a)                                    | Septicemia  | L-110   |   |   | 4                               |  |                 | IATE INTERVAL ISET AND DEATH  EKS |
|       |               | Canditians, if any, which gave rise to immediate cause (a),                                  |   | s a consequence of renal pa                         |   |   | nonia an                                | nd necr                         | osis                                       | 2 wee           | eks                               |
| 1     |               | stating the underlying cause last.   | DUE TO, OR A  | s a consequence of Radiation                        | recurr  | ent car                                 | rcinoma                                 | of cer                          | vix  | l ye            | ar                                |
|       | 2             | PART 2. OTHER SIGNIFICANT CON  | DITIONS CONTRIBUT                                   | TING TO DEATH BUT NO                                | OT RELATED TO                                 | THE TERMINA                             | L DISEASE ORCOM                         | NDITION GIVEN                   | IN PART 1(a)                               |                 |                                   |
| 01210 | CERTIFICATION | 19a. DATE OF OPERATION 19b. 0  | CONDITION FOR WHI                                   | CH OPERATION WAS PE                                 |   | 20a. AUTO                               | NO [                                    | CAUSES                          | YES, WERE FINDINGS COOF DEATH?             | S               | RTIFYING                          |
|       | MEDICAL CE    | 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OEATI (If either, natify medical examir | HOUR A.M.   | Month Day Year                                      |   |   |   | ature af injur                  | in Part 1 or Part 2,                       | Item 1B.)       |                                   |
| 1     |               | While Not while  |   | AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC. |   |   |   |                                 | or Town                                    | County          | State                             |
|       | -             | 22a. I certify that (%) (this saw the deceased all causes stated abave                       | s haspital atte<br>ive an 18 se<br>, \$6 (we) (did) | ended the decease ptember 1                         | ed_fgm_5<br>9 <u>68</u> , and<br>bady after a | July<br>I that in <b>(x</b> a<br>leath. | , 19 <u>68</u><br><b>%)</b> (aur) apini | 3 , ta <u>18</u><br>ian death a | Sep, 19<br>ccurred an the do               | te and haur     | (#) (we) last<br>and fram th      |
|       |               | 22b. SIGNATURE   | · Ohm   | P   | MOEGR   | 11110.                                  | U DIRI                                  | D. ECTOR                        | STAFF 18                                   | Septem          |                                   |
| 1     | ,             | 12d. PHYSICIAN'S<br>NAME (Type) Willi  |   |   |   |   |   |                                 | al Center,<br>alth, Beth                   |                 |                                   |
|       |               | BURIAL CREMATION, 23b. I   | 19-6  | 23c. NAME OF  |   | CREMATORY                               |   | Port (                          | N (City or Town)                           | (Caunty)        | (State)<br>Fla                    |
|       |               | FUNERAL DIRECTOR JOSE  | Ph Geenl  | ers Sonsaddress                                     | 6. D  | . C.                                    | DATE SEP                                |                                 | 25b. REGISTRAR'S                           | SIGNATURE SALES | se .                              |

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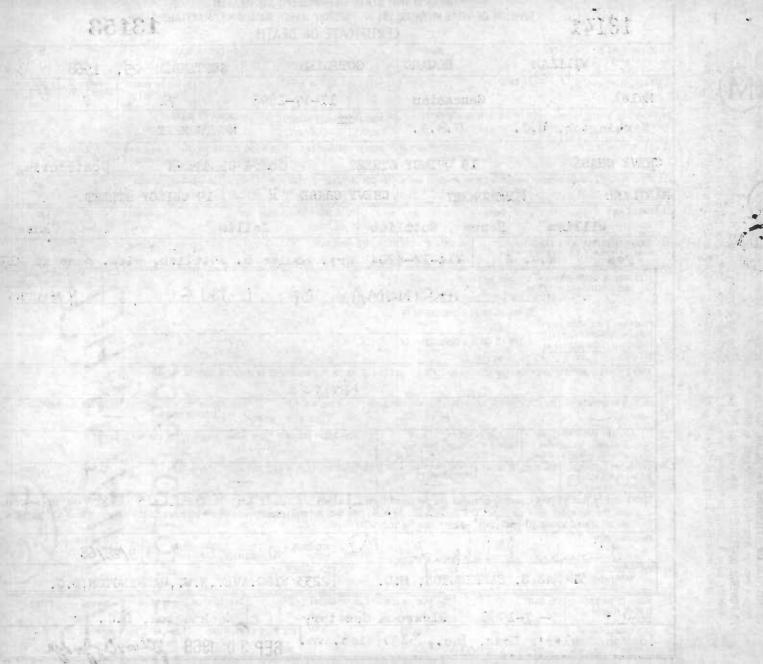
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| 1 /                    |               | 13140 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH   | 152  |
|------------------------|---------------|--|--|
| ond                    |               | CEASED-NAME Po CILBERT 2a. DATE OF DEATH Month Day   | Year 2b. HOUR 4.30                           |
| 5                      |               |  | ONTHS DAYS HOURS MIN.                        |
| 00                     | _             | TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (In no spiral 120. USUAL OCCUPATION (Kind of work defe  | 12b. KIND OF BUSINESS OR INDUSTRY            |
| 83                     | 13a.<br>admi  | giye street oddress) Randal Physical deving most of working life, even if retired by the Retired Sovernment  USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Arlington North Glebe R   | Employee                                     |
| 3                      | 14. F         | ATHER'S NAME First Middle Gost 15. MOTHER'S MAIDEN NAME First Middle Jane  | lost<br>Hockersmith                          |
| or removol, and        | 160.<br>Y     | WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  17. INFORMANT  17. INFORMANT  18. Davis, Wheaton, Md.  | 20902  |
| 1011101                |               | 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| מחומו, כופוווטוומון, כ |               | DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. 3344  | YRS.   |
| 2                      | CERTIFICATION | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Cerebyal article of Operation of Condition for Which Operation was performed 196. AUTOPSY?  YES 196. WE STANDARD 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?  YES 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. AUTOPSY?   | RITE SIGNATURE OF STREET                     |
|                        | MEDICAL CER   | 21o. ACCIDENT WAS UNDERLYING  GRECONTRIBUTING CAUSE OF DEATH  (If either, notify medical examiner)  21b. TIME OF INJURY  HOUR A.M. Manth Day Year  P.M. 19   | m 18.)                                       |
|                        | M             | 21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D. No.  City or Town  | Caunty State                                 |
|                        |               | saw the deceased alive an  |  |
|                        |               | 22b. SIGNATURE ATTENDING MED. STAFF 22c. DB PHYS. DIRECTOR PHYS. 22e. ADDRESS  | S/68   |
|                        |               | NAME (Type) &. T. BenAck MD 4/15 Colie DRIVE, Wh.  | eaton, mb                                    |
|                        | 23a.          | BURIAL (REMATION, 9/21/68 23c. NAME OF CEMETERY OR CREMATORY Prederick-Freder Prederick-Freder   |  |
| ALD                    |               | M. R. Etchison & Son, Frederick, Md 21701    Date SFP 2 3 1968   Chicago   Control   C | GNATURE JUNGAR                               |

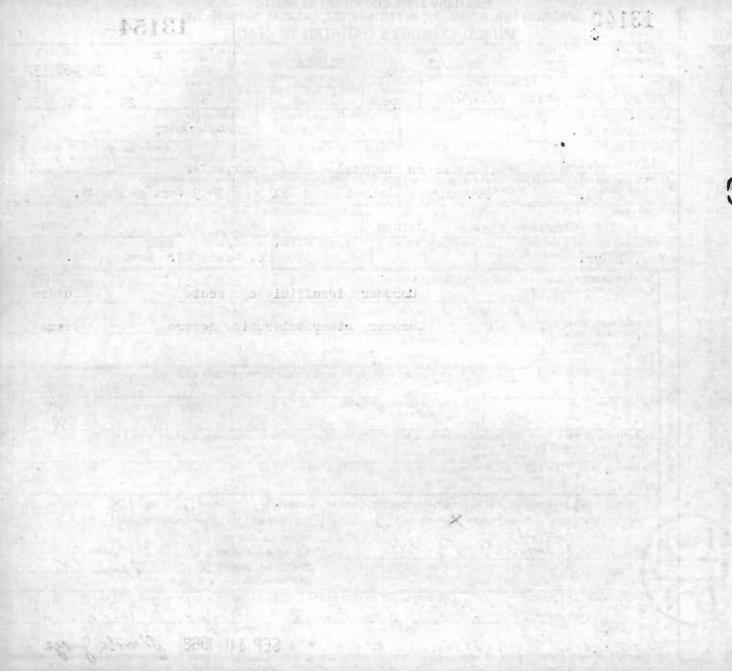
MAKILAND STATE DEPARTMENT OF MEALIN

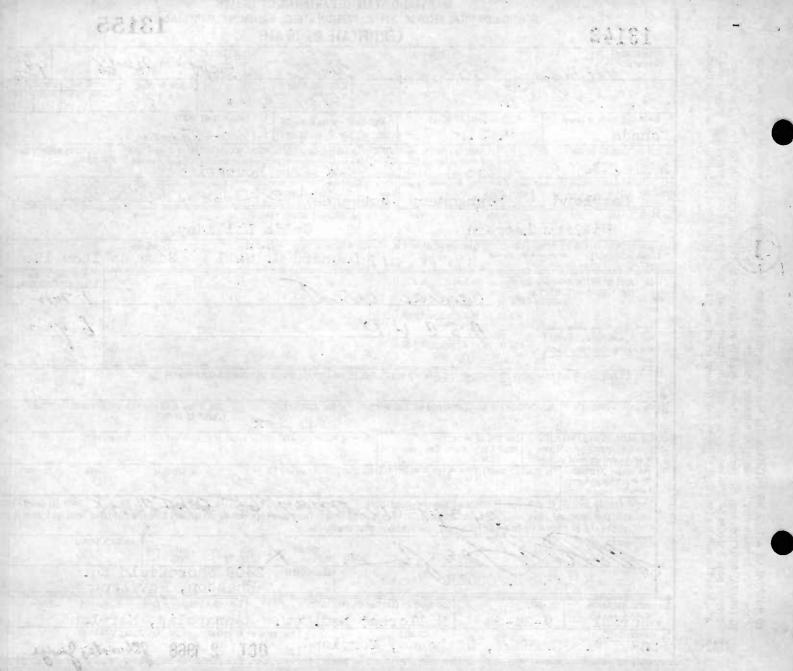
Es mi Till Pe letired-Govern out impleyee Arlieuton A North Glebe Road Mockey Supply lool dessilan ve., 9/21/08 ount Olivet Captury Forerick-Francischer tand The said of the said of 

|            |  |     |               |  |                          |                        |                |                          | NI OF HEAL                       |                                 |                   |                          |                                  |
|------------|--|-----|---------------|--|--------------------------|------------------------|----------------|--------------------------|----------------------------------|---------------------------------|-------------------|--------------------------|----------------------------------|
| 01         | 7  |     |               | 1314%  | DIVISION OF VIT          |                        |                | ATE OF D                 |                                  | RE, MARYLAN                     | 131               | .53                      |                                  |
| The second | - 2 ·  |     |               | CEASED-NAME First  |                          | Middle                 |                | Last                     | 20                               | . DATE OF DEATH                 |                   |                          | 2b. HOUR                         |
| 7          | death  |     | (1            | ype or print) WILITA   | 1                        | HOWARD                 | GO             | TTLIEB                   |                                  | SEPTEMB                         | 武 25°             | 1968                     | 4 39 M                           |
|            | A TE   |     | 3. SE         | X  | 4. RACE                  |                        | 1307           | S. DATE OF BIRT          | TH                               | 6. AG                           | (In years         | IF UNDER 1 YEAR          | IF UNDER 24 HRS.                 |
|            | ELVE SE  |     |               | Male   | Cau                      | casian                 | MP 78          | 11-17-                   | -1896                            | last                            | birthday)<br>YRS. | MONTHS DAYS              | HOURS MIN.                       |
| 0          | 24 haur<br>ed in by<br>ipers. P  | 15  |               |  | 7b. CITIZEN OF WHAT (    | COUNTRY?               | B. MARRIED     | NEVER MARRI              | TU I                             | OUNTY OF DEATH                  |                   |                          | Md                               |
|            | fill et po   |     |               | ITY OR TOWN OF DEATH HEVY CHASE  | 11. NAME give stree      | OF HOSPITAL OR INST    | ITUTION (If no |                          |                                  | CUPATION (Kind warking life, ev |                   | 12b. KIND OF<br>INDUSTRY | BUSINESS OR acting               |
| 1          | ecuted with<br>campletely<br>ave carbar<br>y event, wi   | 15  |               | USUAL RESIDENCE (Where decease saion) STATE  | d lived, if institution: | Residence before       | 13c. CITY OR   |                          | d. INSIDE CITY LIMITS? YES NO NO | 13e. STREET AM                  |                   |                          | 7212                             |
| (1         | may ca   | -1  |               | ATHER'S NAME First   | Middle                   | Last                   |                | . MOTHER'S MAIL          | DEN NAME First                   | 1 -7 .60.                       | Middle            |                          | Last                             |
|            | and and in an  |     |               | William  | Henry                    | Gottl:                 |                |                          | Nelli                            | ie                              |                   |                          | Chase                            |
|            | icate by<br>sician<br>please<br>please   |     | 16a.          | WAS DECEASED EVER IN U.S. ARM  | ED FORCES? 16E           | SOCIAL SECURITY NO     |                | NFORMANT                 |                                  |                                 | Address           |                          |                                  |
|            | ifico<br>nysi  |     | Y             | es, na, ar unknawn) (If yes give wi  | r or dates of service)   | 214-14-42              | 204 N          | irs. Lou                 | uise D.                          | Cottlie                         | b. Wit            | fe, same                 | e as #1                          |
|            | ne death certific<br>attending phys<br>permit. Then<br>ian, ar remaval,  |     |               | 1B. CAUSE OF DEATH (Enter an   | ane cause per line fo    | or (a), (b), and (c),) |                |                          |                                  |                                 |                   | APPROX                   | MATE INTERVAL<br>DISET AND DEATH |
| BUST-      | ath<br>ndin<br>it.   |     |               | PART I. DEATH WAS CAUSED   | BY:<br>TE CAUSE (a)      | ARCINO                 | MA             | AF                       | - 11                             | ING                             |                   | 9                        | MALTHS                           |
|            | affendi<br>affendi<br>permit.<br>ian, ar re  |     |               | 162.1 IMMEDIA  | DUE TO, OR AS A          |                        |                |                          |                                  | 0 14 0                          |                   |                          | LAMALLIA                         |
|            | t the<br>the c<br>sit po   |     |               | Canditians, if any, which gave)  |                          | CONSEQUENCE OF         |                |                          |                                  |                                 |                   | - 10-10                  |                                  |
|            | s that the cian. I by the ciansit transit tremat   |     |               | rise to immediate cause (a), stating the underlying cause  | (b)<br>DUE TO, OR AS A   | CONSEQUENCE OF         |                | No.                      |                                  |                                 | 1776              |                          |                                  |
|            | es t<br>sicia<br>ed b<br>al-tr   |     |               | last.  | (c)                      |                        |                |                          |                                  |                                 |                   |                          |                                  |
|            | it. The law requires the ar attending physician. te has been signed by use as the burial-tran alth priar to burial, crer   |     |               | PART 2. OTHER SIGNIFICANT CON  | OITIONS CONTRIBUTING     | TO DEATH BUT NO        | RELATED TO     | THE TERMINAL             | DISEASE OR CONDI                 | TION GIVEN IN PA                | RT 1(a)           |                          |                                  |
|            | ng l   |     | z             | 163 X  |                          |                        | 1              | JONE                     |                                  |                                 |                   |                          |                                  |
|            | The law re<br>attending<br>has been<br>se as the<br>h priar ta   |     | ATIO          | 19a. DATE OF OPERATION 19b.  | ONDITION FOR WHICH       | OPERATION WAS PER      | FORMED         | 20a. AUTOPS              | 57?                              |                                 |                   | CONSIDERED IN C          | ERTIFYING                        |
|            | The affe   | 2   | CERTIFICATION | ~  |                          |                        |                | YES                      | NO 🕒                             | CAUSES OF DE                    | AIH?              |                          |                                  |
|            | ICIAN: The law re<br>bital ar attending<br>rificate has been<br>d far use as the<br>af Health priar ta   |     | MEDICAL CE    | 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  | HOUR A.M. M              | lanth Day Year         |                | OW INJURY OCCU           | _                                | re af injury in Po              | rt 1 ar Part 2,   | Item 1B.)                |                                  |
|            | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be<br>Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a directar, page 3 should be detached far use as the burial-transit permit. Then please is abauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in  |     | ME            | at wark at wark  | PLACE OF INJURY (AT I    | -                      | 250            |                          | _                                | City ar Taw                     |                   | Caunty                   | State                            |
|            | by the free state  |     |               | 22a. I certify that (I) (thi<br>saw the deceased al  | haspital) attend         | ed the decease         | from           | 1041                     | , 1949                           | , to 56 F                       | T 25, 19          | 9.68_, that              | (I) (we) last                    |
|            | TTEND<br>ained<br>OR: Al   |     |               | causes stated abave  | ve an                    | not) view the b        | ady after o    | d that in (my)<br>death. | (ogz) opinion                    | death accurr                    |                   |                          | and fram the                     |
|            | OR A be retropole of a street of str |     |               | 22b. SIGNATURE  Januar   | , I las                  | buisto                 | DEGR           | 11113.                   | DIRECT                           | OR STAF                         |                   | 25/68                    |                                  |
|            | SPITAL<br>4 may<br>IERAL<br>ar, pag<br>d be fil  | 1   |               | 22d. PHYSICIAN'S<br>NAME (Type) THOMAS   | S. SAPPI                 | NGTON, M.              |                |                          | WISC.AV                          |                                 |                   | NGTON,D.                 | C.                               |
|            | ge de la contraction de la con |     | 23a.          | BURIAL, CREMATION, 23b. [  |                          | 23c. NAME OF C         |                |                          | 230                              | d. LOCATION (City               | ar Tawn)          | (Caunty)                 | (State)                          |
| E FOR      | 5 5 5 P  |     |               | The state of the s | 27-1968                  | Glenwo                 |                |                          |                                  | Washing                         |                   |                          |                                  |
|            | VR A15 (-<br>30M REV. 1  | 4)  | 24.           | FUNERAL DIRECTOR Joseph Eawler   | a Sona T                 | nc., 51                | O Wis          | A Azzo                   | Sa. REC'D BY REC                 |                                 | b. REGISTRAR      |                          |                                  |
|            | 30M REV. 1   | /68 |               | N.W. Wash.   | 0.C. 200                 | nc., 513               | , , , , , , ,  |                          | DATSEP 3                         | 0 1968                          | Jelia             | res fue                  | ye _                             |

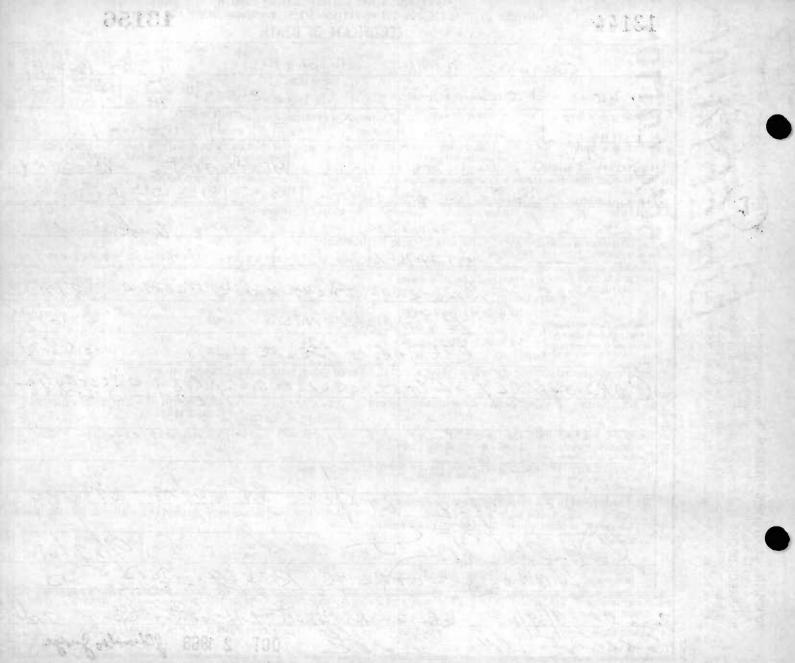


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212Q1 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month 2b. HOUR Yeor (Type or Print) HAINES ESTI-RUSSELL GUY DEATH MATED 68 3P M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNGER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 1/28/03 Manth White Male 3P M 65 YRS 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? West Va. Montgomery USA WIDOWED [ DIVORCED 12a. USUAL OCCUPATION (Kind of wark dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY-Silver Spring Holy Cross Hospital carpenter 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CTTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATEMO. 13b. COUNTYPr. Georges Laurel 3499 Fort Meade Rd. YES NO 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME Middle Last Shawn Charles Page Haines forwarded to the Chief Medical Examiner's pencif 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. be executed within 3499 Ft. Meade Rd. Laurel. APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary insufficiency, acute Sudden IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave Coronary atherosclerosis, severe years rise to immediate cause (a). certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO [ should be 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy 📈, Inspection X and in my apinian Inquiry X death resulted fram: Natural causes X. Accident ... Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 moy ro FUNE Health **EXAMINER'S** ADDRESS(Street, city, tawn, ar county) NAME (Type) 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City or Town) (County) 24 FUNDRAL DIRECTOR 25. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 VR A15ME (5) 10M REV 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN 32156 13144 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH First funeral 1 and 2 er death. 1. DECEASED-NAME within 24 haurs after death (Type or print) N.M.N. HAlpert Joseph 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX last birthday) MONTHS OAYS HOURS Ictober 3-1889 MALE CAUCASION 78 YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED X NEVER MARRIED country) Montgomer WIDOWED DIVORCED [ +merica OLAND 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR INDUSTRY give street address) during mast of warking life, even if retired.) BROCER PARK Wash. SAN. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER executed 18b\_COUNTY 8133 YES 🔀 AVONUE o loh MARY in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost TACOL HAlpert The law requires that the death certificate by edse physician 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) WASh SAN+ HOSPT. MedicAL RECORDS ar removal, APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH PREUPONIA & SERTICEMIA LLOTERAL IMMEDIATE CAUSE (o) burial, crematian, RONCHIECTRSIS signed by the burial-transit Canditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART-2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GLYEN IN PART 1(a) RIOSCLERUSIS RIOSCLERU far use as the l f Health prior ta b TO FUNERAL DIRECTOR: After this certificate has been 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o AUTOPSY? CAUSES OF DEATH? YES 🖂 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) TENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year detached for the detaction of the detact P.M. (If either, natify medical examiner) 21d. INTURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from 8 , 100 , to \_\_\_\_\_\_\_, 1900 , that (I) (we) last sow the deceased alive an \_\_\_\_\_\_\_1900 and from the be retained directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22 DATE SIGNED 22b. SIGNATURA ATTENDING DEGREE DIRECTOR PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR 30M REV.



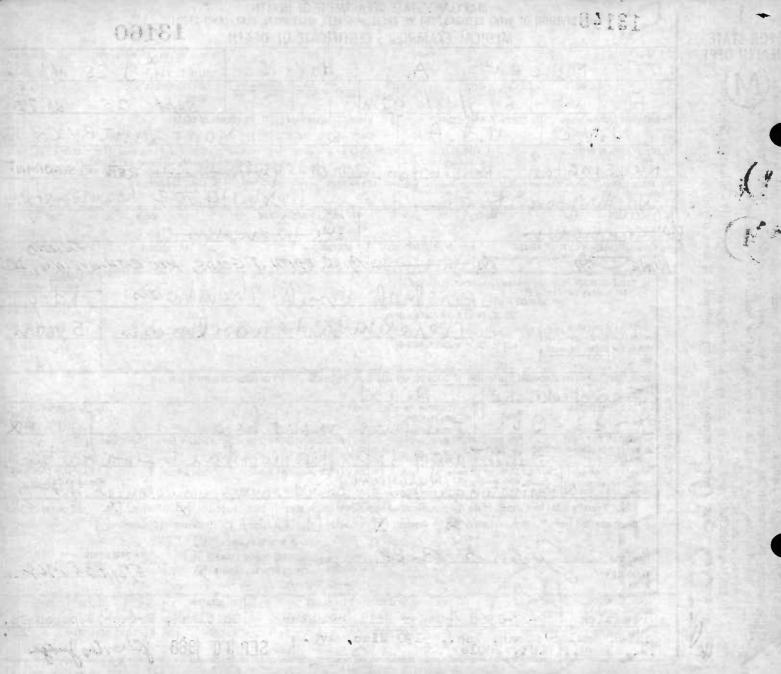
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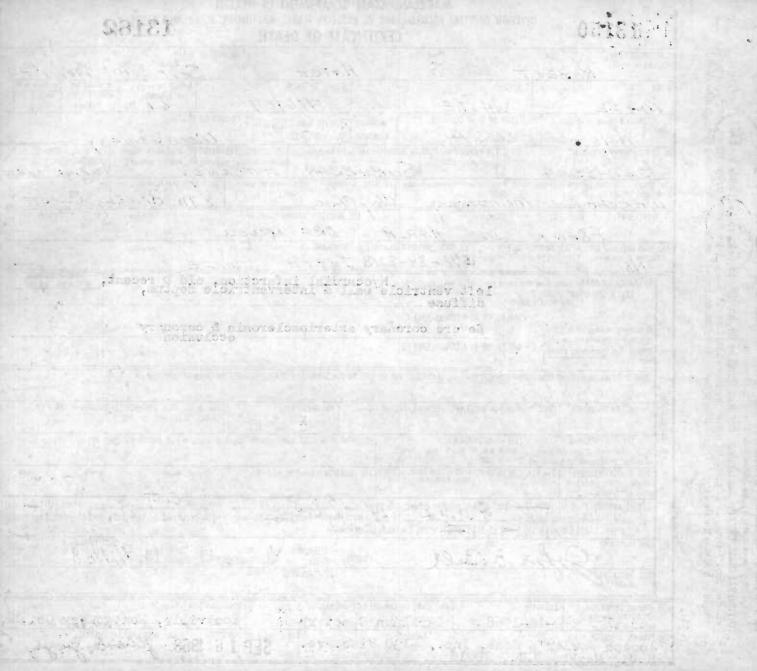
|  |               | 13147   | DIVISION OF VITAL RECORDS,   | 301 W. PRESTON STREET, BA                      | ALTIMORE, MARYLAND 21201<br>H 13159   | 9   |
|--|---------------|---|--|--|---|---|
| nours after death.  by the funeral  s. Pages 1 and 2 hours ofter death.  |               | ECEASED-NAME First (ype or print) Mary  | Middle<br>Adele  | Lost<br><b>Harper</b>                          | 2a. DATE OF DEATH  September 12   | 2b. HOUR  |
| executed within 24 hours after death of completely filled in by the funeral emove corbon papes. Pages 1 and 2 any event, within 27 hours ofter death   | 3. SI         | Female  | 4. RACE White  | 5. DATE OF BIRTH 5 April 19                    | 6. AGE (In years last birthday) 43 YRS.   | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| d in by  | COU           | BIRTHPLACE (Stote or foreign orty) Duisiana   | 7b. CITIZEN OF WHAT COUNTRY?  USA  | 8. MARRIED NEVER MARRIED WIDOWED DIVORCED      | 9. COUNTY OF DEATH  Montgomery  | Md.   |
| and completely filled in by remove corbon popers. In ony event, with 172 hou   | ]             | ethesda   |  | TITUTION (If not in hospital during            | JSUAL OCCUPATION (Kind af work done<br>g most of warking life, even if retired.)<br>Housewife | 12b. KIND OF BUSINESS OR<br>INDUSTRY                    |
| complet<br>ove cor<br>event,   | 13o.<br>adm   | USUAL RESIDENCE (Where deceos<br>ission). STATE<br>Virginia                               | ed lived, if institution: Residence before 13b. COUNTY Fairfax                                     | I3c. CITY OR TOWN 13d. INSIDE CO               |   | load  |
|  |               | FATHER'S NAME First Homer   | Middle Lost<br><b>Garrett</b>  |  | ttle  | Cutrer  |
| physician<br>en please<br>oval, ond  | 160.          | WAS DECEASED EVER IN U.S. ARM (es, no, or unknown) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | NED FORCES? or or dates of service) 1-51 16b. SOCIAL SECURITY I                                    |  | sda, Maryland 20014<br>Records, The Clini   |   |
| the ottending dhy<br>sit permit. Then<br>notion, or remova   |               | PART I. DEATH WAS CAUSED  | ly ane cause per line far (a), (b), and (c).  O BY:  OFFICE CAUSE (a) Probable                     | Sepsis, Pneumoni                               | tis   | BETWEEN ONSET AND DEATH  10 days                        |
| the off<br>nsit per<br>motion,   |               | Conditions, if ony, which gave rise to immediate couse (a),                               | (0)  | of the Pancreas                                |   | 5 months  |
| Page 4 may be retained by the hospital or ottending physicion.  To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial director, page 3 should be detached for use os the burial-transit permit. Then pleashould be filled with the State Dept. of Health prior to burial, cremotion, or removal, or |               | stoting the underlying couse last.  | DUE TO, OR AS A CONSEQUENCE OF  (c) IDITIONS CONTRIBUTING TO DEATH BUT NO                          | OT DELATED TO THE TERMINAL DISPASS             | OD COMPUTION COVEN IN DART 3/-3   |   |
| iding propertion of the propertion of the propertion or to but   | NOI           | 157X  | CONDITION FOR WHICH OPERATION WAS PE   |  | 20b. IF YES, WERE FINDINGS CO   | ONSTREDED IN CERTIFYING                                 |
| e has buse os  | CERTIFICATION | 21a. ACCIDENT WAS UNDERLYIN   |  | YES 🔀 NO                                       | CAUSES OF DEATH? Yes  |   |
| ertificat<br>ed for<br>. of He   | MEDICAL       | or contributing Cause of DEAT   | H HOUR A.M. Month Doy Yeor   |  |   |   |
| r this c<br>detach<br>te Dept  |               | at wark at wark   | PLACE OF INJURY (AT HOME, FARM, STREET, FAC  |  |   | Caunty State  |
| ined by OR: Afte ould be the Sta   | N.            | saw the deceased a<br>causes stated abave   | is haspital) attended the decease<br>live an 12 September 1<br>s, (1) (we) (did) (didnat) view the | 9 68, and that in (33) (aur) bady after death. | 968 , ta 12 Sept. , 19 apinian death accurred an the dat                                      | te and haur and fram the                                |
| be reta<br>DIRECTO<br>16 3 sho<br>ed with  |               | 22b. SIGNATURE  | ran luck, M.D.   | DEGREE PHYS.                                   | MED. DIRECTOR D STAFF PHYS. 12  | September 1968  |
| Page 4 may be retained by the hospital or ottending  TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to   |               | 22d. PHYSICIAN'S<br>NAME (Type) H.  | Bryan Neel III, M  | Institute                                      | e Clinical Center,<br>es of Health, Bethe   | National<br>sda, Maryland                               |
| direct<br>shoul  | I             |   | pt 16, 68 Arling   | CEMETERY OR CREMATORY<br>ton National Cem      |   | (County) (State)  |
| VR A15 (4)<br>30M REV. 1/68  | 24.           | Everly Funeral  | Home Fair  | fax. Va.                                       | D BY REGISTRAR 2Sb. REGISTRAR'S SEP 1 6 1968 RCL  | SIGNATURE CALLS   |

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|          | in the state of th |  |              |          |                               |

13148 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21291 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month Doy (Type or Print) ESTI-DEATH MATED 4. RACE AGE (In years 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED X DIVORCED [ ONTGOM 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF BEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.] INDUSTRY RETURNANT 3e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN ofrer 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle WIND WWW = 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. certificate shauld be executed within pendi (If yes give war or dates of service) MISS. EDITH J. GOODE, 4000 CATH. AVE.N.W the Krathe File APPROXIMATE INTERVAL .⊆ within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY au IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 CI 19b. CONDITION FOR WAICH OPERATION WAS PERFORMED? 20. AUTOPSY? DATE OF OPERATION NO TY please execute the certificate, 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18, 210. EXTERNAL CAUSE WAS CAUSE OF DEATH 21e. PLACE OF INJURY (At home, forn, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. County RT PERSYN City or Town may be retained for your FUNERAL DIRECTOR: Page AT WORK AT WORK 3000 Mcramas Kesimaton and eno 22a. I certify that I took charge of the remains described above, held an Autopsy , Inquiry 7 Inspection X, and in my apinian Natural causes \_ Accident X Suicide Undetermined manner death resulted fram: Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) the 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 9-27-1968 Suitland. Prince Georges Co. Cedar Hill Crematory 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ph Cawler's Sons, Inc., 5130 Wisc. Ave. 196B VR A15ME (5) Wash., D.C., 20016



| . 1           | MARYLAND S   | TATE DEPARTMENT OF HEAL                                      |  |  |
|---------------|--|--|--|--|
|               | 13149 DIVISION OF VITAL RECORDS, 30  |  | RE, MARYLONE 2020                      |  |
|               |  | TIFICATE OF DEATH  |  |  |
| 1.            | ECEASED-NAME First Middle Type or print)   | Last 20.   | DATE OF DEATH  Month Dov               | Yeor 2b. HOUR                                    |
| 2             | VENNITER LYNN  | MARVEL   | 9 17                                   | 68 11 P  |
| 3.            |  | S. DATE OF BIRTH   | lost birthday) MANT                    | NDER I YEAR IF UNDER 24 HRS                      |
| 7             | FEMALE WhitE   | 9/11/68  | YRS.                                   | 12   |
| CO            | "Nd. U.SA. W   | DOWED DIVORCED   | UNITY OF DEATH NONTGOMERO              | 1 Co. 1  |
|               | ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION give street oddress)  Superior Street oddress  |  |  | 2b. KIND OF BUSINESS OR<br>NDUSTRY               |
| od            | iction) CTATE 1126 COUNTY  | CITY OR TOWN 13d. INSIDE CITY LIMITS?  POCE OF 11/e YES NO [ | 13e. STREET AND NUMBER 13002 CROOK.    | STON LAND  |
| 14            | FATHER'S NAME First Middle Lost  | 15. MOTHER'S MAIDEN NAME First                               | Middle                                 | Lost   |
| 1             | DENNIS HARVEL  | - JUDITH   | =                                      | JORDAN   |
| 16            | WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, ar unknawn) (If yes give war or dates of service)   | 17. INFORMANT  | Address                                |  |
| L             | es, na, ar unknawn) (IT yes give war or earles of service) NONE  | DENNIS HARO  | 1el - HATHER                           |  |
|               | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  | 7  |  | APPROXIMATE INTERVAL<br>BETWEEN CINSET AND DEATH |
| 1             | PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  REPART 1. DEATH WAS CAUSED BY:  | erano,   |  |  |
|               | DUE TO, OR AS A CONSEQUENCE OF   | 4  |  |  |
|               | Conditions, if any, which gove rise to immediate couse (o), (b)  | allerity   |  |  |
|               | stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF  |  |  |  |
| ı             | (c)  | A ATER TO THE TERMINAL PROPERTY OF COMPLET                   | TON OUT IN DARK I/ )                   | •  |
| 1             | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R   | TATED TO THE TERMINAL DISEASE OR CONDIT                      | IUN GIVEN IN PART I(a)                 |  |
| NOIL          | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFOR   | MED 20a. AUTOPSY?  | 20b. IF YES, WERE FINDINGS CONSID      | DERED IN CERTIFYING                              |
| CEPTICICATION | The same of the first of the fi | YES NO NO  | CAUSES OF DEATH?                       | THE IN CERTIFICATION                             |
| CEDT          | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY   | 21c. HOW INJURY OCCURRED (Enter natu                         | re of injury in Part 1 or Port 2. Item | 18.)   |
| MEDICAL       | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor  |  |  |  |
| MED           | 21d. INJURY OCCURRED VALUE OF INJURY AT HOME, FARM, STREET, FACTORY. OFFICE BUILDING, ETC.   | 21f. LOCATION Street or R.F.D. No.                           | City or Tawn Co                        | ounty Stote                                      |
|               | otwork otwork   22a. I <b>certify</b> that (I) (this haspital) attended the deceased f   | am. 9/12 1968  | to 9/12 , 1968                         | that (I) (we) I                                  |
|               | saw the deceased alive on 7/17/ 196  | X, and that in (mv) (our) opinion                            | deoth occurred an the date a           | nd hour ond from t                               |
|               | eauses stated abave, (I) (we) (did) (did nat) view the bad   | after death.   |  |  |
|               | 22b/SIGNATURE  | ATTENDING MED.   | STAFF 22c. DATE                        | SIGNED   |
|               | 11   | DIRECTO  | OR L PHYS. L                           | 117/68   |
|               | 22d. PHYSICIAN'S<br>NAME (Type) RICHARD H. FISCHER   | 22e. ADDRESS 50 W.   | . Edmonston Dr<br>ville, Marylar       | rive   |
| 00            |  |  |  |  |
| 23            | DEMONIAL IS SELVE  |  | Darnestown, Ma                         | ounty) (State)                                   |
| 24            | FUNERAL DIRECTOR ADDRESS   | 250. REC'D BY REG  | ISTRAR 25b. REGISTRAR'S SIGN           | IATURE .   |
| 1             | OBERT A. PIMPHREY. Bethesda.   | Maryland 250. REC'D BY REG                                   | 3 1988 Peliane                         | as Judge.  |



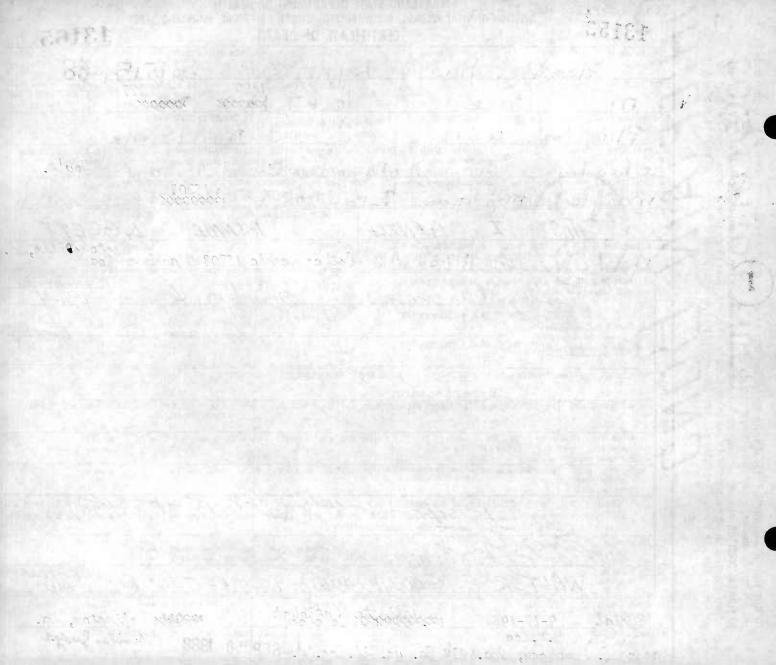
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Af institution: Residence before admission) a. COUNTY 6. COUNTY o. STATENEW York Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. IENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Long Island City 19 Days Vheaton d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION, University Nursing Home ON A FARM 4013 Vernon Boulevard YES NO NAME OF Middle Lost 4. DATE Month Year filled DECEASED Sept. 30, 1968 Oscar L. Hazzard (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last bythday) Manths Hours Male Col. Nov. 15, 1895 WIDOWED X DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? Postal Worker even if retired) U. S. Govit New York U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Hazzard Mary Elizabeth Morehouse 17. INFORMANT Address3112 19th St NW 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Margaret Washington 118-36-0954 Wash. D. C. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ember 1 DUE TO Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II af item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work at work p. m. 21. I certify that (1) (this haspital) attended the deceased fram-, and that death accurred at saw the deceased alive an -M, from the causes and an the date stated above. 22o. SIGNATURE ATTENDING PHYS. M.D. DIRE 22c. PHYSICIAN' 22d. ADDRESS should FUNER! 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town, or county) REMOVAL (Specify) SUITLAND LINCOLN MEM. CEM 10.4.68 BURLAL 256. REGISTRARY MIGNATURE RSO. REC'D BY REGISTRAR EUNERAL DIRECTOR'S SIGNA VR A1S (4) 15M 9/59

istes 9/30/68 WM. BK. Fills 6050 central Az JAIRUS

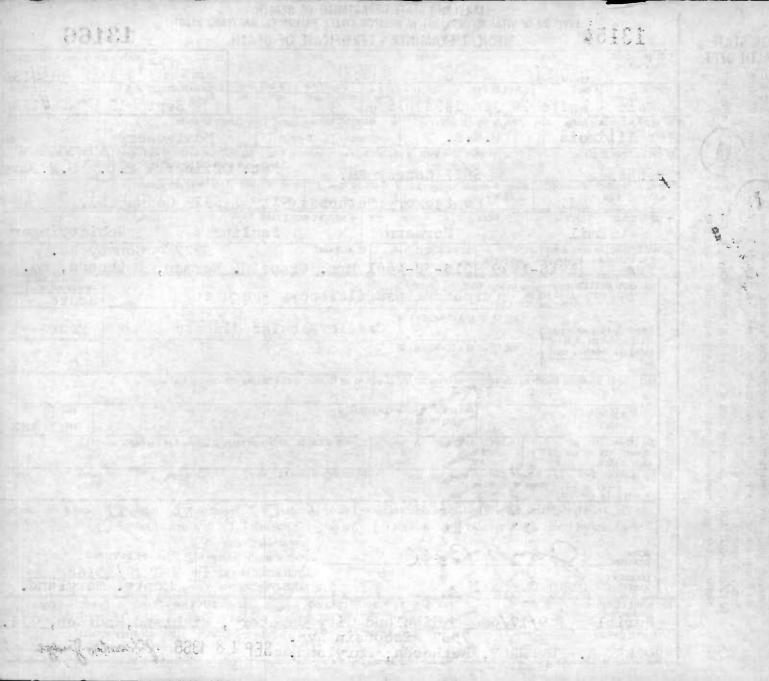
| STATES .  | 1  |               | 13152   | DIVISION OF VITAL RECORD   |  | BALTIMORE, MARYLAND 2120                                   |  |
|---|--|---------------|---|--|--|--|--|
|   |  |               |   |  | CERTIFICATE OF DEA   |  | 13164  |
| · ≠ -S  | ±2   |               | CEASED-NAME Firs  | † Middle   | Lost   | 20. DATE OF DEATH  | 20. HOUK                                     |
| r deat  | and 2<br>death.  | 1             | ype or print) Irane   | Cess m   | Heil   | Month  | Doy Yeor 98                                  |
| = 5   | -  | 3. 5          |   | 4. RACE  | S. DATE OF BIRTH   | 6: AGE (In years last birthday)                            | IF UNDER 1 YEAR IF UNDER 24 HRS.             |
| s afte  | ours day   |               | Templo.   | 10) Rute   | 3/2  | 15/97 last birthday)                                       | RS. MONTHS DAYS HOURS MIN.                   |
| a single  | 2 5  | 70.           | BIRTHPLACE (Stote or foreign                                | 7b. CITIZEN OF WHAT COUNTRY?   | 8. MARRIED NEVER MARRIED   | 9. COUNTY OF DEATH   |  |
| ii ho   | OTHER  | COU           | MY DOR AC   | 1150   | WIDOWED DIVORCED   | montrom  | Deep AA                                      |
| n 24  | in 7   | 10.           | ITY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL OR  |  | . USUAL OCCUPATION (Kind of work do                        | one 12b. KIND OF BUSINESS OR                 |
| ficate be executed within 24 hours after death.   | director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban paper shauld be filed with the State Dept. of Health priar ta burial, crematian, or remayal, and in any event, within 72 |               | Betheso   | give street oddress)   | Subustan dur   | ing most of working life, even if retire<br>Becretary - Re | d) INDUSTRY                                  |
| ed plet   | car  |               | USUAL RESIDENCE (Where decedission) STATE                   | osed lived, if institution: Residence before 13b. COUNTY   | A  | E CITY LIMITS? 13e. STREET AND NUMBER                      |  |
| com   | e 6 6  | -             | Ind   | 130. cooling mont  | Batterda YESK  | NO 9828 De   | ngleton dos.                                 |
| exe<br>op   | an)  | 14.           | ATHER'S NAME First  | Middle Lost  | 15. MOTHER'S MAIDEN N  | AME First Middle   | Lost   |
| be la   | din L  |               | Matthew   | Kawle  | ngo (  | nn   | Flanegan                                     |
| ficate b  | please<br>II, and ir   |               | WAS DECEASED EVER IN U.S. AR                                | RMED FORCES? 16b. SOCIAL SECURIT   |  | Husband Addres   |  |
| S. S.   | val,   | L             | es, no, or unknown) (If yes give                            | wal or dates of service)   | Joseph B.  | Heil, Sr. Same   |  |
| 0   | The  |               | 18. CAUSE OF DEATH (Enter of                                | only one couse per line far (a), (b), and  | (c).)  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 1   | permit   |               | PART I. DEATH WAS CAUS                                      | ED BY: HATE CAUSE (o) CARD   | IAC ARRI   | 37   | SUDDEAL                                      |
| e death   | n, o   | 19            | 4129  | DUE TO, OR AS A CONSEQUENCE  | OF ~   |  | N  |
| the o   | ± 50   |               | Conditions, if ony, which gove                              | (100000  | AV SCIERE  | 212  | 5 YEARS                                      |
| y t   | eme  |               | rise to immediate couse (a),                                | (b) CONSTRUCTION   | OF COLUMN TO THE COLUMN THE COLUMN TO THE CO | 0  |  |
| The law requires that the death attending physician.  | ± - '.   |               | stoting the underlying couse lost.                          | MARTERIC   | SCLFROSIS  | (TEXIERAL  | 10 YEARS                                     |
| uire<br>hysi<br>gne   | irio<br>Drio   | 16            | PART 2 OTHER SIGNIFICANT CO                                 | ONDITIONS CONTRIBUTING TO DEATH BUT  | NOT RELATED TO THE TERMINAL DISEAS   | SE OR CONDITION GIVEN IN PART 1(o)                         |  |
| req<br>g p  | a bi   |               | 4201  |  |  | ,  |  |
| din   | ± ±  | NO NO         | 190, DATE OF OPERATION 198                                  | o. CONDITION FOR WHICH OPERATION WAS   | PERFORMED 200, AUTOPSY?  | 20b. IF YES, WERE FINDIN                                   | GS CONSIDERED IN CERTIFYING                  |
| The faw re<br>attending<br>has been   | pri /  | A S           | Troi or a citation  | . content of the cont |  | NO CAUSES OF DEATH?  | VES  |
| : T   | ss# \  | CERTIFICATION | 21o. ACCIDENT WAS UNDERLY                                   | ING 21b. TIME OF INJURY  |  | (Enter noture of injury in Port 1 or Por                   | t 2   tem   18                               |
| al al   | He de  |               | OR CONTRIBUTING CAUSE OF DE                                 | ATH HOUR A.M. Month Doy Ye   |  | True notore of injury in roll 1 of roll                    | , z, nem 10.,                                |
| ATTENDING PHYSICIAN: etained by the haspital or CTOR: After this certificate  | o ed   | MEDICAL       | (If either, notify medical exam<br>21d. INJURY OCCURRED 21d | niner) P.M.  e. PLACE OF INJURY ( AT HOME, FARM, STREET,   | 19 FACTORY, 21f. LOCATION Street or R.F.   | .D. No. City or Town                                       | County State                                 |
| ha ha is c  | ept  | 1             | While Not while   | e. PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  | ACIONI, 211. LUCATION Street of K.F  | .D. No. City of Town                                       | Coulty Stole                                 |
| - + + - + - + - + - + - + - + - + - + -   | de de l  |               | of work of work   | 12 1 20 10 10 1 1 1 1  | 10000  | 10/ 2 40 8/18: 21  | 10/ % 41-4 (1) ( ) 1                         |
| by by   | Sta  |               | 22a. I certify that (i) (t                                  | his hospital) attended the decedalive and LP1.   | ased fram fram (my) (my)   | r) apinion death occurred an the                           | 19 <u>60</u> , that (I) (we) la              |
| R:  | the the  | 1             | dauses stated above   | ve, (I) (we) (did) (did not) view th   | ne bady after death.   | apinion death occorred an in                               | e date and have and ham in                   |
| AT Sile OF  | 송 <del>트</del>   | Н             | 22b. SIGNATURE  | /)   | (  |  | 22c. DATE SIGNED                             |
| OR<br>e r   | g 3  |               | KING 41 (   | in le  | DEGREE PHYS.   | MED. STAFF PHYS.   | 7-72-68                                      |
| AL P  | file   |               | 220. PHYSICIAN'S  | A LAYOT TO   |  | 5009 Del Ray Av  | re.  |
| PIT   | d be   |               | NAME (Type) ROE   | BERT G. ANGLE  |  | Bethesda, Mary   |  |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending of FUNERAL DIRECTOR: After this certificate has been | aulo   | 230           | BURIAL, CREMATION, 23b                                      | . DATE 23c. NAME   | OF CEMETERY OR CREMATORY   | 23d. LOCATION (City or Town)                               | (County) (Stote)                             |
| Pag   | dir  |               |   |  | Olivet Cemeter   |  | , , , , ,                                    |
|   |  | 24.           | FUNERAL DIRECTOR  | ADDR   | ESS 2So. R   | REC'D BY REGISTRAR 25b. REGISTE                            | RAR'S SIGNATURE                              |
| 30/   | VR A15 (4)<br>M REV. 1/68  |               | OBERT A. PUI  | MPHREY, Bethesd  | a, Maryland  | SEP 2 7 1968 20  | Carles Indae                                 |

rater 

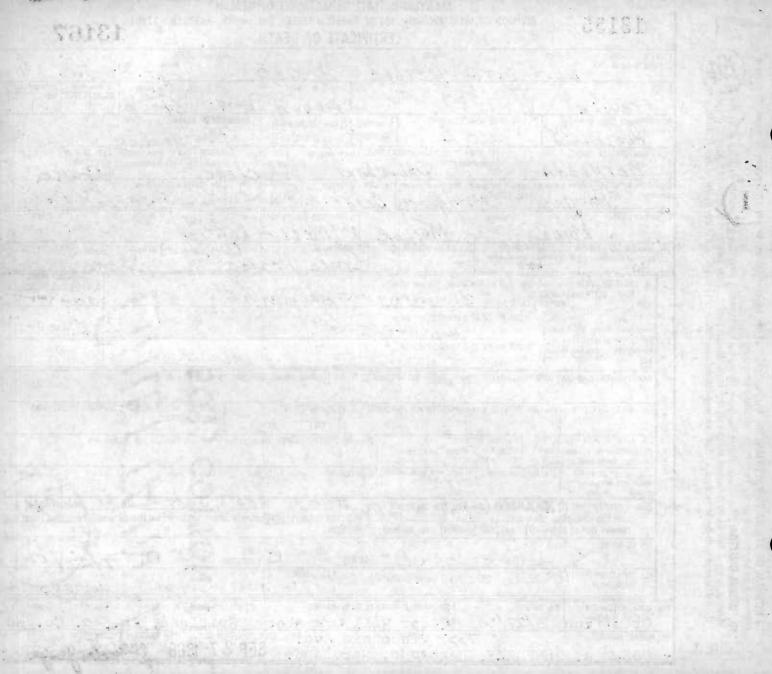
| 1   | 1  |      | It            | em 184Film 4  | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  | The state of the s |
|-----|--|------|---------------|---|--|--|
| 4   |  | 1    |               | 13153   | CERTIFICATE OF DEATH   | 13165  |
| 9   | # - F +  |      |               | CEASED-NAME<br>ype ar print)                                  | Middle Last 2a. DATE OF DEATH  | 2b. HOUR   |
| ~   | death.   | 7    |               | 14 700  | TME, HOURY LYNN MICHALLY DODING  | 7:10 PM  |
|     | 24 haurs after death so in the funeral phers. Roges I and 2 7 hours after death  |      | 3. SE         | ~   | 4. RACE S. DATE OF BIRTH 1800 6. AGE (In years 77) Institution of the biblioty YRS.  | IP UNDER 1 YEAR IF UNDER 24 HRS. MONTHS GAYS HOURS MIN.  |
|     | STATE OF STA | 40   |               | IRTHPLACE (State or foreign                                   | 75. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED  9. COUNTY OF DEATH   |  |
|     | d ig at  |      | caun          | My Plimoth Or   | agon USA WIDOWED DIVORCED Montgomer  | Md.  |
|     | fille<br>fille<br>thin   | 90   |               | ITY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)  120. USUAL OCCUPATION (Kind of work dangled using great address)  120. USUAL OCCUPATION (Kind of work dangled using great address)  120. USUAL OCCUPATION (Kind of work dangled using great address)  120. USUAL OCCUPATION (Kind of work dangled using great address)   | 2b. KIND OF BUSINESS OR<br>NDUSTRY   |
|     | with<br>stely<br>rrbar<br>t, wi  | 10   |               | D heator  | eosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER  | 900 Z.   |
|     | cate be executed within 24 sician and campletely filled please remave carban part, and in any event, within 7  | 15   | admi          | ssian) STATE  | eased lived, if institution: Residence before VI3c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY 1 COUN | ot boom Rd.  |
|     | e exectand care remain any   | 1    |               | ATHER'S NAME First  | Middle Last IS. MOTHER'S MAIDEN NAME First Middle  | Last   |
|     | be be re   | ъ.,  |               | CHAS  | I HENKLE MINNIE 4  | GGETT  |
|     | sicate by sician please please al, and   | 10   |               | WAS DECEASED EVER IN U.S. /<br>es, no, or unknown) (If yes gi | ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT No wor or dates of service) 10b. SOCIAL SECURITY NO. 17. INFORMANT Address B.  Addres | ertonsville, Md.   |
|     | Then Then  |      |               |   | anly ane cause per line far (a), (b), and (c).)  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND GEATH  |
| HER | E E  |      |               | PART I. DEATH WAS CAU   |  | 1964   |
|     | atte<br>perm<br>an,  |      |               | 149x  | DUE TO, OR AS A CONSEQUENCE OF   | // /   |
|     | at the the nsit  |      |               | Canditians, if any, which gar<br>rise ta immediate cause (c   | a). (  |  |
|     | ician<br>d by<br>l-tra<br>l, cre   | 10   |               | stating the underlying causelast.                             | DUE TO, OR AS A CONSEQUENCE OF   |  |
|     | equires that the death or<br>physician.<br>signed by the attending<br>burial-transit permit. It  |      |               | PART 2. OTHER SIGNIFICANT                                     | CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |  |
|     | w re<br>Jing<br>een<br>the   |      | NO            | 148x  | Hypertension   |  |
|     | The law requires thattending physician has been signed by se as the burial-tra the priar tra burial, cre   | Y    | CERTIFICATION | 19a. DATE OF OPERATION  | 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY?  YES NO CAUSES OF DEATH?  | ONSIDERED IN CERTIFYING  |
|     | or a or a tree h use   |      | CERTI         | 21a. ACCIDENT WAS UNDERL                                      |  | Item 18.}  |
|     | CIAN<br>Dital<br>Tiffice<br>d for<br>of He   |      | MEDICAL       | OR CONTRIBUTING CAUSE OF                                      | DEATH HOUR A.M. Manth Day Year Iminer} P.M. 19   |  |
|     | OR ATTENDING PHYSICIAN: The law requires that the deal be retained by the haspital or attending physician.  DIRECTOR: After this certificate has been signed by the attending as 3 shauld be detached far use as the burial-transit permit led with the State Dept. of Health priar to burial, cremation, or   |      | ME            | 21d. INJURY OCCURRED 2<br>While Nat while                     | TIE. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. City or Town   | Caunty State   |
|     | the report of the Date Date D  |      |               | at wark at wark   | (this hospital) attended the desegred from 1:1/4 19/6 to 1/5 htt 19  | Le Sthat (1) (was last   |
|     | Afte<br>d by<br>d be<br>d be<br>e Ste  |      | þ             | saw the deceased  | (this hospital) attended the deceased from 1965, ta 5 sept. 19<br>1 alive on 5 sept. 19 sept. and that in my) (our) opinion death occurred on the do   | ite and haur and from the  |
|     | TOR:<br>TOR:<br>Thaul  | d    |               | causes stated abo   | ave, (!) (we) (did) (did not) view the bady after death.   | DATE SIGNED  |
|     | OR /<br>De re re 3 s e 3 s e 4 wij   |      |               | MANON   | DEGREE PHYS. MED. STAFF DIRECTOR DIRECTOR PHYS.  |  |
|     | TAL DAL D  | 1    | -             | 22d. PHYSICIAN'S<br>NAME (Type)                               | LITER E. GOOZH ND 220. ADDRESS SHOREFIEW RI  | WHEATON  |
|     | Page 4 may be retained by the haspital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the fundirector, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers. Rages should be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after   |      | 22~           | V V / /   |  | (Caunty) (State)   |
|     | Page<br>O F. dire  |      | 230.          | DC1401411 (C ) ( )  | - HALLINGTON NOTLONG!  | ington. Va.  |
|     | VR A15 {   | [4]  | 24.           | 10.00000  | Walee ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S   | SIGNATURE .  |
|     | 30M REV. 1   | 1/68 | 11/0          | river & Pump  | Drey 900. 8434 Ga. Ave. Sil. Spr. Ma DATSFP ? 0 1968   | - 1  |



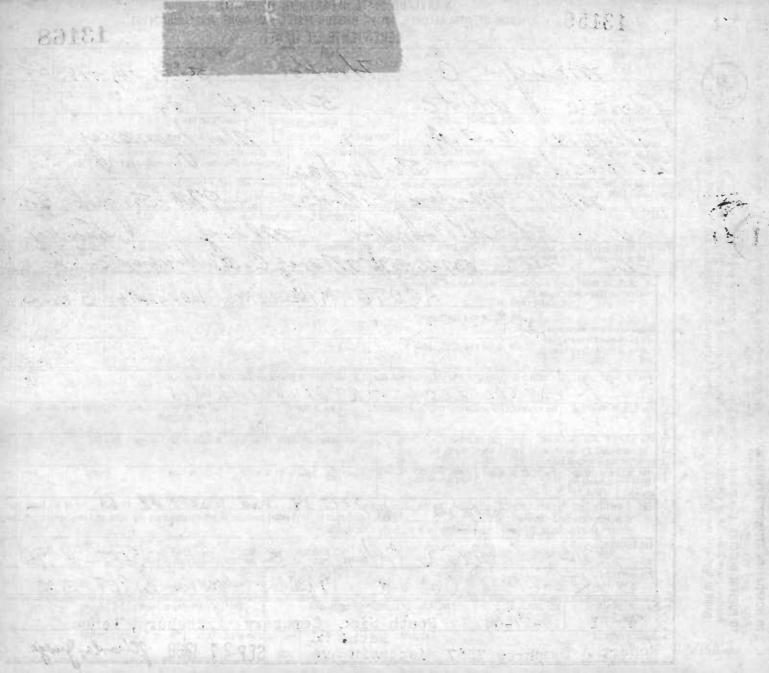
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13166 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN Manth (Type or Print) OF ESTI-GEORGE Poge 5 DEATH MATED 4. RACE 6. AGE (In years IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 75 Y White 26 Jan 1893 Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Poges 1, form Illinois U.S.A. WIDOWED [ DIVORCED Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Bethesda Conway Rd pages lond2 with 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE Montgomery Bethesda Conway ofter pencil in Item 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME Schiettinger Emil Pauline Hermann hours forwarded to the Chief Medical Examiner's 5927 ADDRESS Conway Rd. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes\_no, or unknown) (If yes give war or dates of service) 213-38-4441 Mrs. Bethesda. Grace E. Herman. File within certificate should be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH IS CAUSED BY: Coronary insufficiency PART I. DEATH WAS CAUSED BY: acute acute DUE TO, OR AS A CONSEQUENCE OF buriol-transit Cardiovascular disease Conditions, if ony, which gove years rise to immediate cause (a), please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removol, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NOX pe 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY OR CONTRIBUTING HOUR A.M. burial, cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street at R.F.D. Na. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection XX Inquiry VX and in my opinian death resulted fram: Natural causes XX. Accident . Suicide Hamicide Undetermined manner 5 moy be reto TO FUNERAL DIF Health prior t CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball NAME (Type) ADDRESS(Street, city, town, or county) Montg. Maryland. 23a. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 9/17/68 Highland City Cemetery, Highland, Madison, Burial Ave 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATUR ROBERT A. PUMPHREY, Bethesda, Maryland DAIL SEP 8 1968 VR A15ME (5) 10M REV. 1/68



| 1             |   |                            |                                    | TE DEPARTMENT              |  |   |
|---------------|---|----------------------------|------------------------------------|----------------------------|--|---|
|               | 13155   | DIVISION OF VITA           |                                    | PRESTON STREET, E          | BALTIMORE, MARYLAND 21   | 13167   |
| -             | DECEACED MANY                                       |                            |                                    |                            |  |   |
| 1.            | DECEASED-NAME Firs                                  | 1 ,                        | Middle                             | Last                       | 2a. DATE OF DEATH Month  | Doy Year 2b. HOUR                                       |
|               | EL!   | 12 A DETH                  | MELLOR                             | 14E3L0                     | D. SEPT  | 23 68 11 P.M  |
| 3.            | SEX   | 4. RACE                    | •,                                 | S. DATE OF BIRTH           | 6. AGE (In ye lost birthda   | y) MONTHS DAYS NOURS MIN.                               |
| -             | FEMALE  | Whi                        | +E                                 | August                     |  | YRS.  |
|               | BIRTHPLACE (State ar foreign                        | 7b. CITIZEN OF WHAT CO     | IVAKK                              | ED NEVER MARRIED           | 9. COUNTY OF DEATH   |   |
| 100           | HAGERSTOWN  | 4.5.                       | / WIDOV                            |                            | MONTGOM  | CAC MO  |
| 10            | CITY OR TOWN OF DEATH                               | give street                | F HOSPITAL OR INSTITUTION oddress) | duri                       | USUAL OCCUPATION (Kind of worling mast of warking life, even if re | k dame/ 12b. KIND OF BUSINESS OR INDUSTRY               |
| 12            | DETHES de 19  | 7                          | JUDUR DI                           | 92                         | CLERK.  CITY LIMITS? 13e. STREET AND NUM                           | Geico   |
| ad            | mission) STATE A A COLUMN                           | 13b. COUNTY                | desidence berdre 13c. CIT          | TILE ALO YES               |  | BER ALPL  |
| 14            | . FATHER'S NAME First                               | Middle                     | Lost                               | 1s. MOTHER'S MAIDEN NA     | - 1012012  | iddle Lost  |
| 1             | Mn a  | middle                     | Mello                              | LAST ME / /                | AME First EIRST. M   | India F021  |
| 1/            | og. WAS DECEASED EVER IN U.S. AF                    | PMED FORCESS 116b          | SOCIAL SECURITY NO.                | 7. INFORMANT               | (husband) Ad   | dress   |
|               |   | e war or dates of service) | Journal Second 1 110.              | GraLE HE                   | 5/00 DANG)   | (SAMe)  |
| =             |   |                            | (-) (1) (-)                        | 01176 116                  | JEOP   | APPROXIMATE INTERVAL                                    |
| п             | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS |                            |                                    | THROMB                     |  | BETWEEN ONSET AND DEATH                                 |
| Г             | 14100 IMMED   | DIATE CAUSE (a)            |                                    | V M130 18175               | ,  | 1112  |
| L             | Canditians, if any, which gave                      | DUE TO, OR AS A (          | WYPERTEN.                          | 142                        |  | LYRS  |
|               | rise to immediate cause (a)                         | (b)/                       | CONCEDIENCE DE                     |                            |  | 3 /   |
|               | stating the underlying cause last.                  | (c)                        | CONSEQUENCE OF                     |                            |  |   |
|               | PART 2. OTHER SIGNIFICANT C                         |                            | TO DEATH BUT NOT RELATE            | D TO THE TERMINAL DISEAS   | E OR CONDITION GIVEN IN PART 1(o)                                  |   |
| _             | 14901   |                            | Olka-Mila                          |                            | ,  |   |
| CEDTIELCATION | 19a. DATE OF OPERATION 19                           | b. CONDITION FOR WHICH O   | PERATION WAS PERFORMED             | 20a. AUTOPSY?              |  | NDINGS CONSIDERED IN CERTIFYING                         |
| TIELC         |   |                            |                                    | YES 🔲 N                    | CAUSES OF DEATH?   |   |
|               |   | ING 21b. TIME OF INJU      |                                    | HOW INJURY OCCURRED        | (Enter nature of injury in Part 1 or                               | Part 2, Item 18.)                                       |
| MEDICAL       | OR CONTRIBUTING CAUSE OF DE                         | HOUR A.M. Mo               | onth Day Year                      |                            |  |   |
| AAE           |   | e. PLACE OF INJURY (AT NO  |                                    | f. LOCATION Street or R.F. | D. Na. City ar Town  | County State  |
|               | at wark at wark                                     |                            |                                    |                            |  |   |
|               | 22a. I certify that (I) [t                          | his hidspital) attende     | d the deceased from                | JUNA,                      | 1930, to 3.50.   | , 19, that (I) (We) la<br>the date ond hour ond from th |
|               | saw the deceased                                    | alive an did (did) (did    | 23 19 6 7                          | ond that in (my) (ặౖౖౖ)    | Topinion death occurred an   | the date and hour and from th                           |
|               | 22b. SIGNATURE                                      | re, (i) (well-faid) (aid-  | nor) view the budy di              | er deom.                   |  | 22c. DATE SIGNED  |
|               | 220. SIGNATURE                                      | O Comer                    | an pol                             | EGREE PHYS.                | MED. STAFF DIRECTOR PHYS.  | 9/24/64   |
|               | 22d. PHYSICIAN'S                                    | 36.7                       | VIII                               | 22e. ADDRESS               | DIRECTOR - FITTS   | 1/2/  |
|               | NAME (Type)   | L.LEO I                    | MANUMOC                            | 8218                       | MUSCONSIN AV   | G BETTHES DA M  |
| 23            |   | o. DATE                    | 23c. NAME OF CEMETERY              | OR CREMATORY               | 23d. LOCATION (City or Tov   |   |
|               | REMOVAL (Specify)                                   | 9/27/68                    |                                    | 1 Cremato                  | ry Suitland,   |   |
| 24            | 1. FUNERAL DIRECTOR                                 | 75                         | 57 ADDRESSOONS                     | in Arra 250. R             | EC'D BY REGISTRAR 2Sb. REG   | GISTRAR'S SIGNATURE                                     |
|               | ROBERT A PI   | IMPHREY B                  | ethesda. N                         | farvl and DATE             | SEP 2 7 1968   | Olivera Cudas   |



13156 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13168 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOW death. (Type or print) 5. DATE OF BIRTH 3. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS executed within 24 haurs after last birthday) DAYS HOURS YRS signed by the attending physicion and campletely filled in by the burial-transit permit. Then please remave carban papers. Popurial, cremation, ar remaval, and in any event, within 72 haurs campletely filled in by 9. COUNTY OF DEATH BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [ WIDOWED M 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kin 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR MOUSTRY give street oddress during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY\_OR TOWN 13e. STREET AND NUMBER 13b. COLINIX 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First The law requires that the death certificate be 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO INFORMANT Address Yes, no, or upknown) (If yes give war ar dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND OFAT PART I. DEATH WAS CAUSED BY: ALOGENOU signed by the attending burial-transit permit. IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) age 3 shauld be detached far use as the filed with the State Dept. af Health priar ta TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO N YES | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town County State While Nat while OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from SEPT. 19. saw the deceased alive ap SEPT. 24. 19.8, and that in (my) ... 19.68 . ta \_1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF BEGREE PHYS DIRECTOR PHYS. directar, page shauld be filed 22e. ADDRESS Page 4 may 22d. PHYSICIAN'S NAME (Type) TEORGE TOWN 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION (County) 9-27-68 Pittsburg Cemetery Penna 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Robert 30M REV. 1/68 Pumphrey 7557 Wisconsin Ave DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13169 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) OF ESTI-XX Lee Page 0 DEATH MATED X delay partment 3. SEX 4. RACE 6. AGE (in years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d HOUR and PM3 MONTHS 60 YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Montgonner WIDOWED DIVORCED [ Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Silver Spring YES X 8306 Dropers Office and 2 after Middle 14. FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME First Middle Brown haurs 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** the Chief Medical Examip (Yes, na, ar unknawn) Mrs. Jean Hill 8306 Draper Lane 577-03-4848 within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) certificate shauld be executed permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY amorrhage Masside I sophageel "pending Sudden IMMEDIATE CAUSE (a) event burial-transit gitis + Gastritis = acut + Chimic Canditions, if ony, which gove 40213 rise to immediate couse (o). writing the ward any stoting the underlying cause 4RBIS .= ronic. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 remaval, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES X pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 1B.) 3 shauld MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) **DIRECTOR:** Page NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autapsy 💢 Inspection X Inquiry X and in my apinian Natural causes 🔽 Accident . Suicide [ death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL FXAMINER ACTUAL FUNERAL 1 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER 5 may FO FUNE Health **EXAMINER'S** John G. Ball ADDRESS(Street, city, tawn, ar caunty) NAME (Type) 23a. BURIAL, CREMATION Cenet end LOCATION (City or Town) NAME OF CEMETERY OR (County) (Stote) REMOVAL (Specify) piscopal Church Prince Geo. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATEOCT VR A15ME (5 1968 8434 10M REV. 1/6

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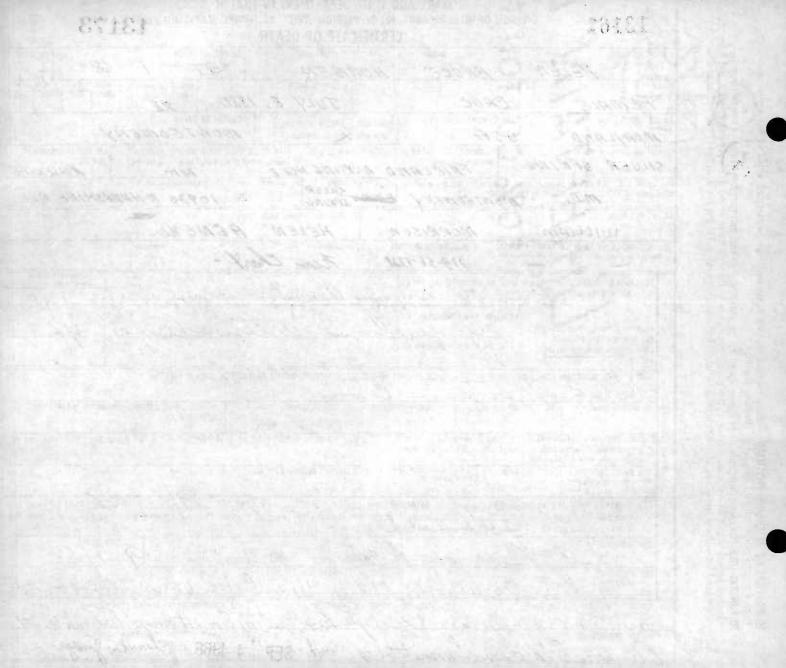
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| 1 |               | 13160  | DIVISION OF VITAL RECORDS,   | D STATE DEPARTMENT OF<br>301 W. PRESTON STREET, BA<br>CERTIFICATE OF DEATH   | LTIMORE, MARYLAND 21201  | 13172                                |
|---|---------------|--|--|--|--|--------------------------------------|
|   | 1 D           | ECEASED-NAME First   | Middle   | Last   | 20. DATE OF DEATH  | 2b. HOUD                             |
|   |               | Type or print)   | (NMN)  | Honig  | September 16   | . 1968 3:30 M                        |
|   | 3. SI         |  | 4. RACE  | 5. DATE OF BIRTH   | 6. AGE (In years   | IF UNDER 1 YEAR   IF UNDER 24 HRS.   |
|   |               | female   | White  | June 13, 19  | last birthday)   | MONTHS DAYS HOURS MIN.               |
|   | 70.           | BIRTHPLACE (Stote or fareign 7   | b. CITIZEN OF WHAT COUNTRY?  | 8. MARRIED NEVER MARRIED   | 9. COUNTY OF DEATH   |                                      |
|   | COU           | Pennsylanna  | America  | WIDOWED DIVORCED   | Montgomery   | Md.                                  |
|   | 10. (         | CITY OR TOWN OF DEATH  Tokoma Park   | 11. NAME OF HOSPITAL OR IN:<br>give street address)<br>Washington Sa   | STITUTION (If not in haspital 12a. U. during   | SUAL OCCUPATION (Kind of work done mast af warking life, even if retired.) | 12b. KIND OF BUSINESS OR<br>INDUSTRY |
|   | 13a.          | USUAL RESIDENCE (Where deceased  | lived, if institution: Residence befare  | 13c. CITY OR TOWN 13d. INSIDE CIT  |  |                                      |
|   | adm           | issian) STATE  | 13b COUNTY SOMERY S  | ilver Spring YESK  | NO 11505 Yates S   | treet                                |
| - |               | FATHER'S NAME First  | Middle Last  | 1S. MOTHER'S MAIDEN NAME   |  | Last                                 |
|   |               | Morris   | Rudner   |  | Lena   |                                      |
|   |               | (es, no, or unknown) (If yes give war  | D FORCES? 16b. SOCIAL SECURITY   |  | Address  |                                      |
|   |               | no   | ane cause per line far (a), (b), and (c).  | Patient:   | s chart  | APPROXIMATE INTERVAL                 |
|   |               | Canditians, if any, which gave rise to immediate couse (o), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ITIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL DISEASE OF  | PRECONDITION GIVEN IN PART 1(a)  |                                      |
|   | CERTIFICATION | 19a. DATE OF OPERATION 19b. CC   | ONDITION FOR WHICH OPERATION WAS PE  | RFORMED 20a. AUTOPSY? YES NO   | 20b. IF YES, WERE FINDINGS CO  | NSIDERED IN CERTIFYING               |
|   | CERTI         | 21a. ACCIDENT WAS UNDERLYING   | 21b. TIME OF INJURY  |  | nter nature of injury in Part 1 or Port 2, It                              | em 18.1                              |
|   | MEDICAL       | OR CONTRIBUTING CAUSE OF DEATH   | HOUR A.M. Month Doy Yeor   | The state of the s |  |                                      |
|   | MED           | 21d. INJURY OCCURRED 21e. P While Nat while of work  | LACE OF INJURY ( AT HOME, FARM, STREET, FAI<br>OFFICE BUILDING, ETC.   | 21f. LOCATION Street or R.F.D.   |  | County State                         |
|   |               | 22a. I certify that (I) (this  | hospital) attended the decease<br>we on  | 9 and that in (my) (our) c<br>body ofter deoth.  | ppinion deoth occurred on the dot  | e ond hour ond from the              |
|   |               | 22b. SIGNATURE   | > Reblum   | DEGREE PHYS.   | MED. STAFF 22c. D. PHYS. D 9   | ATE SIGNED                           |
|   |               | 22d. PHYSICIAN'S<br>NAME (Type) BORD   | RABKIN, N  | 22e. ADDRESS 10 (9 L   | west Bland to  | of Slaspriged                        |
|   | 23a.          | BURIAL, CREMATION, 23b. DA   | TE 23c. NAME OF  | CEMETERY OR CREMATORY  | 23d. LOCATION (City or Town)   | (County) (State)                     |
|   | L             |  |  | David Memorial Go  | arden Falls Chur   |                                      |
|   | 24.           | FUNERAL DIRECTOR Donald  | M. Stein ADDRESS   | 232 Carroll 250. REC'I   | P 1 9 1968 REGISTRAR'S S   | SIGNATURE                            |
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|     |               | MARYLAND STATE DEPARTMENT OF HEALTH  |
|-----|---------------|--|
|     |               | 13161 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21213173   |
|     |               | CEASED-NAME First Middle Last 2a, DATE OF DEATH 2b, HOUR   |
|     | (1            | YPE OF PRINT) HELEN BRUCE HORNER SEPT Month / Day 68 fear 4:50   |
| Ale | 3. SE         | 4. RACE  5. DATE OF BIRTH  6. AGE (In years If UNDER 1 YEAR IF UNDER 24 ARE)  FEMALE  CHUC.  JULY 8, 1880  6. AGE (In years left under 1 YEAR IF UNDER 24 ARE)  MONTHS DAYS HOURS MIN  |
|     | 7a. E         | RETHERATE (State or foreign 7b (1175) OF WHAT (OUNTRY? 8 WARD)   |
| Ţ,  | caun          | MARYLAND USA WIDOWED & DIVORCED MONTGOMERY   |
| 90  | 10. C         | ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast af warking life, even if retired.)  12. USUAL OCCUPATION (Kind of wark dane during mast af warking life, even if retired.)  12. KIND OF BUSINESS OR INDUSTRY.  13. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast af warking life, even if retired.)  14. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast af warking life, even if retired.)  |
| 15  |               | USUAL RESIDENCE (Where deceased lived, if institution: Residence before ssian) STATE MD, 13b. COUNTY STATE MD, 13b. COUNTY STATE MD, 13b. COUNTY SPRING YES NO 10930 N-HAMPSHIRE DUE   |
|     | 14. F         | ATHER'S NAME First Middle Last" 15. MOTHER'S MAIDEN NAME First Middle Last   |
|     | 160           | WILLIAM MORRISON HELEN HENEW WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address  |
|     |               | es, na, ar unknawn) (If yes give war or dates of service) 21.3-56-1728 Happy Chart -   |
|     |               | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Continues cleratic. Heart clessor I (JR)   |
| - 6 |               | Canditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave)  (b)  Conditions of any which gave)   |
|     |               | rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF   |
|     |               | last. 4200 (c)   |
|     |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |
|     | MOIT          | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING  |
| 4   | CERTIFICATION | YES NO CAUSES OF DEATH?  |
|     |               | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)   |
|     | MEDICAL       | (If either, natify medical examiner) P.M. 19   |
|     |               | 21d. INJURY OCCURRED While Not while of work o |
|     |               | 22a, I certify that (1) (this haspital) attended the deceased from 10/18, 19/14, ta 19 |
|     |               | saw the deceased alive an196 X, and that in (my) (our) apinian death accurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.   |
|     |               | 22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED   |
|     |               | DIRECTOR PHYS. DIRECTOR PHYS.  |
| 1   |               | 22d. PHYSICIAN'S NAME (Type) R.T. Benack MD 22e. ADDRESS Colie DRIVE, Wheaton myl  |
|     | 23a.          | BURIAL CREMATION, PEMOVAL (Specify), County) (State)   |
| 20  | 24.           | FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE  |
| N.B |               | Marine & William Emmitohurg, md. DEP 4 1968 Charles Judge  |

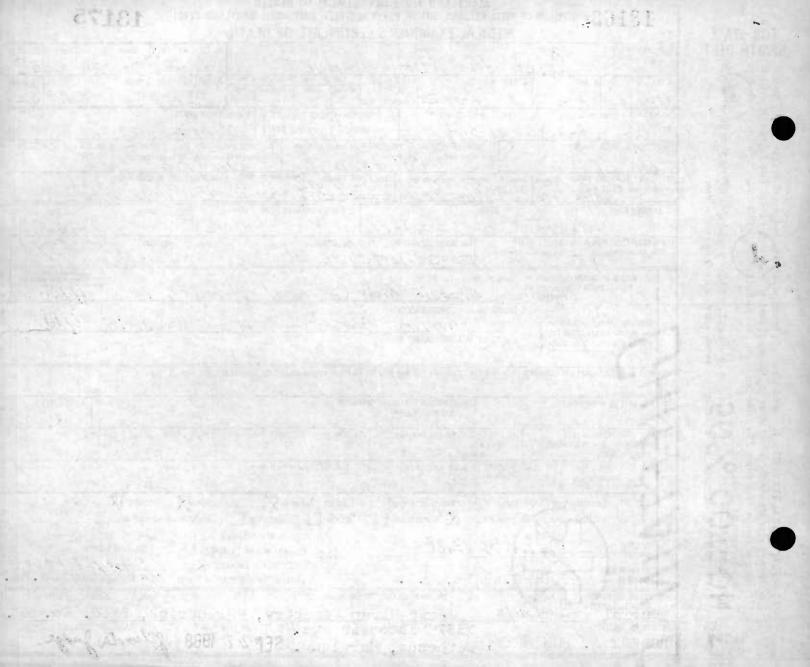


MARYLAND STATE DEPARTMENT OF HEALTH

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| FOR STATE  | MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | 3173                                 |
|--|--|--------------------------------------|
| HEALTH DEPT.   |  | n Doy Yeor 2b. HOUR                  |
|  | 1. DECEASED-NAME (Type or Print)  OF EXTI- DEATH MATED DESTI- DEST | 072/ 1968 5 15 M                     |
| ay is 3 to 8 to 9  | 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD   | 2d. HOUR                             |
| delay<br>and 3<br>MS: Pa   | FEMALE White 2-14-1922 46 YRS. HOURS MIN. Month SEPT 21  | Yeor 1968 5 AM                       |
| 227  | 70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED X NEVER MARRIED   9. COUNTY OF DEATH  |                                      |
| hours after death Intem 18. Give Pages 1, 2 Office along with farm 1 and 2 with the State Depage after death.  | COUNTRY BASTIAN (A U.S.A WIDOWED DIVORCED MONT GOMERIC   | / · Md.                              |
| ath<br>age<br>ith 1  | 10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mpss of working life, even if retired.)  | 12b. KIND OF BUSINESS OR<br>INDUSTRY |
| the the  | DETHESCH SUBURDAN HOUSEWIFE  | INDUSTRI                             |
| s after death 18. Give Page 3 alang with 2 with the Star   | 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 18d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE /// 2016 13b. COUNTY // 18d. 18d. COUNTY // 18d. COUNTY // 18d. 18 | 01                                   |
| 12 mg  | MAKYLAND MENTYEMERY STATES TO THE WITH MAKE  | pkd.                                 |
| haurs<br>Item 1<br>Office<br>1 and 2   | 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First . Middle  | Lost                                 |
|  | SAMPLES B CALFER PHICE  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 1 1 hus band ADDRESS -   | LOONEY                               |
| miner 24 pages haurs   | (Yes, no, or unknowg) / (If yes give war or dates of service)  | alock Speing)                        |
| shauld be executed within a ward "pending" in pending to the Chief Medical examinate burial-transit permit. File point in any event within 72 h  | 180 20-38-1417 THUL H HURT 4314M   | APPROXIMATE INTERVAL                 |
| orted<br>gr. i<br>cal<br>cal<br>ithir  | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) DIFFUSE RIGHT CEREBRAL HEMORRHAGE   | BETWEEN ONSET AND DEATH              |
| xec<br>ndin<br>Med<br>Med<br>t w   | 430 7 DUE TO, OR AS A CONSEQUENCE OF   | 7/40                                 |
| per per lief /   | Conditions, if only, which gove ) ALLETTE ANTIQUES AT MILE CEREBOOK  | A. 41h.                              |
| ord or Ch  | rise to immediate couse (a), storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF   |                                      |
| hau<br>the<br>trial  | lost. (c)  |                                      |
| 4 = 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)   |                                      |
| ifica<br>ting<br>rrdec<br>as<br>al, a  | 330X   |                                      |
| wri<br>wri<br>rwo<br>nav   | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   | 20. AUTOPSY?                         |
| INER: This certificate erertificate, writing shauld be farwarder filles. 3 should be used as nation, ar remaval, a   |  | YES NO                               |
| E 6 0  | 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING   HOUR A.M.   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2)   | Item IB.)                            |
| NER<br>cer<br>haul<br>illes.<br>sho<br>sho<br>ontion   | PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town   | County State                         |
| XAMI<br>the the<br>ge 4 s<br>your f<br>your f<br>cremo   | WHILE NOT WHILE foctory, office building, etc.)  | 21016                                |
| DEPUTY SICAL EXAMINER: reessary, please execute the certiinmay be retained for your files. FUNERAL DIRECTOR: Page 3 should priar to burial, cremation,   | 22a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspectian , Inquiry   | (X), and in my apinian               |
| CAL<br>exe<br>exe<br>d fo<br>d fo<br>TOR   | 22a. I <b>certify</b> that I taak charge af the remains described abave, held an Autapsy (), Inspectian (), Inquiry () death resulted fram: Natural causes (), Accident (), Suicide (), Hamicide (), Undetermined manner   |                                      |
| ssary, please e. ssary, please e. diverse e. | CHIEF MEDICAL EXAMINER   |                                      |
| Pele l'air   | ACTUAL O Loca & Bell 22h DA  | TE SIGNED                            |
|  | STATIONE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER   | A-21,1968.                           |
| ro DEPUTY necessary, the funera 5 may be ro FUNERA Health pr   | NAME (Type) JOHN G. BALL, M.D. ADDRESS(Street, city, town, or county) Montg  | somery Co.Md.                        |
| TO DI<br>the Heal  | 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  | (County) (State)                     |
|  | Burial 9/24/68 Rest Haven Cemetery, Frederick, F  24. FUNERAL DIRECTOR 7557 WPS onsin Ave. 250. RECD BY REGISTRAR 25b. REGISTR | red. Co. Md.                         |
| 100  | 24. FUNERAL DIRECTOR 7557 WPSEOnsin Ave. 250. REC'D BY REGISTRAR 250. REGISTRAR 250. REC'D BY REGISTRA | S SIGNATURE                          |
| 10M REV. 1-68  | ROBERT A. PUMPHREY, Bethesda, Maryland. SEP 27 1968 Class  | - Lenkon                             |

MAKYLAND STATE DEPARTMENT OF HEALTH



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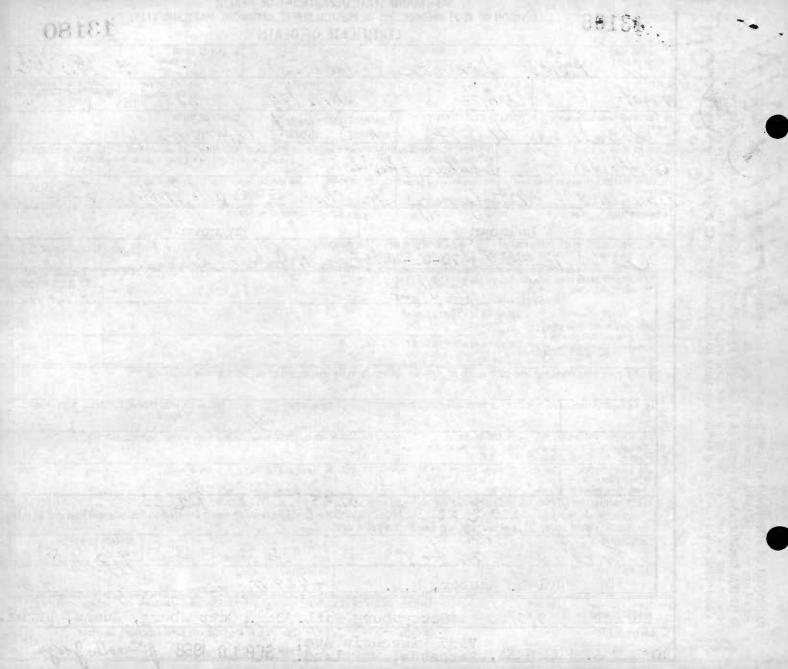
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13177 3 7 . . . . . The second of th CARRIED STREET STREET CONTRACTOR OF THE STREET Seed Lines Street Street and Constitution of the Street St Secretary of the National Section 2 196 . The respective property of the Section 2 of the Section of the Section 2 of the Sec

MAKYLAND STATE DEPAKIMENT OF HEALTH

| 0   |               | ,  |  |  | E DEPARTMENT OF                     |   | 7 Sept  |
|---|---------------|--|--|--|-------------------------------------|---|---|
|   |               | 13167  | DIVISION OF VITAL  |  | PRESTON STREET, BALI                | IIMORE, MARYLAND 2120   | 179   |
|   | 1 0           |  | rst  | Middle   | lost                                | 2o. DATE OF DEATH   |   |
| eath.<br>ral<br>nd 2<br>eath.   |               | 1.1 2.2  | ie i he  | Middle   | Denielo:                            | Month   | Day Yeor 2b. HOUR   |
| er d<br>fune<br>l a<br>er d   | 3. SI         |  | 4. RACE  |  | S. DATE OF BIRTH                    | 6. AGE (In years lost birthday)                                       | IF UNDER 1 YEAR IF UNDER 24 HRS.                                    |
| s affi<br>the<br>dges   |               | Female   | W Rite   |  | 3/15/1                              | 19 lost birthday)   | YRS. MONTHS DAYS HOURS MIN.   |
| 4 haur  | 7o.           | BIRTHPLACE (Stote or foreign oftry)  | 7b. CITIZEN OF WHAT COU  | NTRY? 8. MARRIE WIDOWE   | D NEVER MARRIED D  D DIVORCED       | 9. COUNTY OF DEATH  | toomers Md.   |
| vithin 2 on pap within 2  | 10. (         | TITY OF TOWN OF DEATH  | 11. NAME OF Figive street od   | OSPITAL OR INSTITUTION (I  | f not in hospital 120. USU during n | JAL OCCUPATION (Kind of work d<br>nost of working life, even if retir | none 12b. MIND OF BUSINESS OR INDUSTRY                              |
| executed within 24 haurs after death campletely filled in by the funeral smave carban papers. Pages 1 and 2 any event, within 72 hears after death  |               | USUAL RESIDENCE (Where decission) STATE  | eosed lived, if institution: Res                                     | dence before 13c. CITY   | ,                                   |   | Box 15-6B   |
| g = E   | 14.           | FATHER'S NAME First  | Middle   | Lost towers)   | TS. MOTHER'S MAIDEN NAME            | First Midd  | le Lost   |
| iificate be<br>hysician a<br>n please   |               | WAS DECEASED EVER IN U.S. (es no, or unknown)  | ARMED FORCES?  Ive war or dates of service)                          | CIAL SECURITY NO.  | INFORMANT                           | Men & A Addie   | #/ Mortevia   |
| he death certifi<br>,<br>s attending phy<br>permit. Then p<br>tian, ar remaval  |               | PART I. DEATH WAS CAL  | only one couse per line for (c) JSED BY: EDIATE CAUSE (o)            | ), (6), and (c).)  | FAI                                 | lures   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH                     |
| the atte  | N             | Conditions, if ony, which go   | DUE TO, OR A A TO  | ISEQUENCE OF THE PROPERTY OF T | natosis                             |   |   |
| equires that the d<br>physician.<br>signed by the att<br>burial-transit pern<br>burial, crematian,  |               | rise to immediate couse (c<br>stating the underlying cou<br>lost.                          |  | ISEQUENCE OF -<br>RCINON   | ia Lik                              | breast  |   |
| r requir<br>ng phy<br>en sign<br>ne buri<br>ta buri   | z             | PART 2. OTHER SIGNIFICANT  | CONDITIONS CONTRIBUTING TO   | DEATH BUT NOT RELATED  | TO THE TERMINAL DISEASE OR          | CONDITION GIVEN IN PART 1(0)  |   |
| I: The law re<br>ar attending I<br>te has been s<br>use as the k<br>alth priar ta b   | CERTIFICATION | 19o. DATE OF OPERATION 1   | 9b. CONDITION FOR WHICH OPE  | RATION WAS PERFORMED   | 20o. AUTOPSY?  YES NO               | CALICTO OF DEATIES  | NGS CONSIDERED IN CERTIFYING  |
| ICIAN: The pital ar at trificate ha far use af Health   | MEDICAL CER   | 21o. ACCIDENT WAS UNDERI<br>☐ OR CONTRIBUTING ☐ CAUSE OF<br>(If either, notify medicol exc | DEATH HOUR A.M. Mont   | Doy Yeor   | HOW INJURY OCCURRED (Ent            | er noture of injury in Port 1 or Po                                   | ort 2, Item 1B.)  |
| DING PHYSI by the hasp (fer this cer be detached State Dept.  | ME            |  | The PLACE OF INJURY ( AT HOME OFFICE E                               | FARM, STREET, FACTORY, 21f.  | LOCATION Street or R.F.D. N         | o. City or Town   | County Stote  |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a directar, page 3 shauld be detached far use as the burial-transit permit. Then please—shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in |               | saw the deceased   | (this haspital) attended<br>I alive an<br>ave, (I) (we) (did) aid no | 27 1966,0  | ind that in (my) (aur) are death.   | ox, ta Scov 28<br>pinian death accurred an th                         | , 19 <b>6</b> , that (1) (we) last<br>be date and haur and fram the |
| AL OR ATTENI<br>by be retained<br>L DIRECTOR: A<br>age 3 shauld<br>filed with the   |               | 22b. SCHATURE  | a. Dan   | of m   | ATTENDING PHYS.                     | MED. STAFF DIRECTOR PHYS.   | 22c. DATE SIGNED  |
| ro Hospital of<br>Page 4 may be<br>O FUNERAL DIF<br>director, page<br>shauld be filed   |               | 22d. PHYSICIAN'S<br>NAME (Type) ROB  | ERT A  | BARNET   | 22e. ADDRESS<br>809 U.              | us mill Rd.   | mort md.  |
| TO HOSPII<br>Page 4 m<br>TO FUNER,<br>director,<br>shauld b   | 230           | DEMONIAL IN 11 )   | 8b. DATE / 1 / 68  | Boyds &  | resbyterian                         | 23d. LOCATION (City or Town)  | (County) (Stote) Monta Md   |
| VR A15 AND SOM REV.   | 24.           | FUNERAL DIRECTOR   | In Barnes  | ADDRESS  | 2So. REC'D                          | 1000 (177)  | RAR'S SIGNATURE   |

| . 1       | 1             | 12160   | DIVISION OF VITAL RECORDS   | . 301 W. PRESTON S            |                                    | T MARVIAND 01001  |  |
|-----------|---------------|---|---|-------------------------------|------------------------------------|---|--|
| l'al      |               | 13168   |   | CERTIFICATE O                 |                                    |   | 13180  |
| ١,        | (             | - K/-   | OK LEANDER  |                               | SON                                | DATE OF DEATH  Month Day                                    | Year 2b. Hour AM   |
|           | 3. S          | nale  | 4. RACE<br>White  | S. DATE OF                    | 8/99                               | 6. AGE (in years lost birthdoy) YRS.                        | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.  |
| 10 15     | 7a.           | BIRTHPLACE (State or foreign http)  | 76. CITIZEN OF WHAT COUNTRY?  |                               | VORCED                             | UNTY OF DEATH   | Md.  |
| 0         | 1             | ity or lown of DEATH ethesda  | give street address)  | NSTITUTION (If not in hospito |                                    | CUPATION (Kind af wark sone warking life, even if retired.) | 12b. KIND OF BUSINESS OR<br>INDUSTRY   |
| 5         |               | USUAL RESIDENCE (Where decension) STATE   | ased lived, if institution: Residence before  | Chery Chase                   | 13d. INSIDE CITY LIMITS? YES NO NO | 37/8 MILIAM   | S LANE   |
| -         | 14.           | ATHERS NAME First   | Middle O Clost Unknown  | As. MOTHER'S                  | MAIDEN NAME First Un               | Middle<br>known   | Lost   |
|           |               | WAS DECEASED EVER IN U.S. Al<br>es, no, or unknown) (If yes give                      | RMED FORCES? 16b. SOCIAL SECURITY 470-01-   |                               | e John ?                           | n Blona   | ame as above   |
|           |               | PART I. DEATH WAS CAUS  | DIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE O  | 7                             |                                    |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH   |
|           | NO            | PART 2. OTHER SIGNIFICANT CO  | ONDITIONS CONTRIBUTING TO DEATH BUT   | NOT RELATED TO THE TERMI      | NAL DISEASE OR CONDIT              | TION GIVEN IN PART 1(o)                                     |  |
| 2         | CERTIFICATION |   | o. CONDITION FOR WHICH OPERATION WAS F  | YES [                         |                                    | 20b. IF YES, WERE FINDINGS CO<br>CAUSES OF DEATH?           |  |
|           | MEDICAL CE    | 21o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, natify medical exam | HOUR A.M. Month Doy Yeo   | r<br>19                       | OCCURRED (Enter notu               | re of injury in Port 1 ar Part 2, i                         | Item 1B.)  |
|           | W             | While Not while at work   | e. PLACE OF INJURY (AT HOME, FARM, STREET, F<br>OFFICE BUILDING, ETC.                                 |                               | rreet ar R.F.D. No.                | City ar Tawn  | County State   |
|           |               | saw the deceased couses stated above  | his haspital) attended the deceo<br>alive on 772<br>ve, (1) ( <del>we)</del> (did) (did not) view the | .19, and that in (            | (my) (aur) opinion                 | deoth occurred on the do                                    | te ond hour ond from the   |
|           |               | 22b. SIGNATURE  | Mantos  | DEGREE ATTEN PHYS.            | IDING MED. DIRECTO                 | STAFF   | DATE SIGNED  |
| 1         | 20            | NAME (Type) Pau   |   | 1 1                           | 709 mon                            | Location (City of Town)                                     | md.  |
|           | L             | REMOVALIS SECTIVI)  | 9/5/68 Getty  | sburg Natl                    | L. Cem. G                          | ettysburg, A  | (County) (State)<br>Adams, Penna   |
| l)<br>/68 |               | FUNERAL DIRECTOR  | 7557 Wis  | consin Ave                    | 2So. REC'D BY REG                  |   | signature<br>when Judge.   |
| -         | R             | PEDT A PIN  | PHREY Dothords  | Manuel                        | A DAIL ST                          | 11 1000 %   | The state of the s |



3 BTML METTIE ST. AT TOP NOON SEPTEMBER SHE GO GO. FERNAL CONTRACTOR AND ARTEST OF AND MODITION SILVEY SIKING THE THOUGH CROSS THE THE THE MILEYLAND MONTGATION IN THE CASE IN I SELLE KIDGE the publisher, level and the last SEE LA DES STREETS SHEET

| -/ 1   | MARYLAND STATE DEPARTMENT OF HEALTH  |                               |
|--|--|-------------------------------|
| FOD CTATE  | 13170 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  | 82                            |
| FOR STATE  | MEDICAL EXAMINER S CERTIFICATE OF DEATH  |                               |
|  | (Type or Print) // / / / / / / / / / / / / / / / / /   | Day Year 2b. HOUR             |
| lay is<br>3 ta<br>Page   | JERBERT MAISONRE JOSEPHSON DEATH MATED V 9-1.  3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours I FUNDER I FEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD                    | 2 188 5 M                     |
| y delay<br>and 3<br>PM3. Pag   | months DAYS HOURS MIN. Month/ Day  | Year 1968 65 AM               |
| 57 1990  | 70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH  |                               |
| death with form vith form  | TVEW GORK 7/5A WIDOWED DIVORCED MONTGOMERY   | Md.                           |
| Give Pages<br>Give Pages<br>and with for<br>the State  | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of world one 1)  | 2b. KIND OF BUSINESS OR       |
| - > D =  | HETHES IN HOLDEN HOSPITAL VICE- MESERVET   | AMES A. Carry C               |
| after death The Give Page alping with E with the Sta   | 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 32. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY /                  | 0                             |
|  | MARyland Montgemery Totomac, 15 11903 ENID &   | <u>ಟ,</u>                     |
| 24 hours in frem I office of the stand 2 stand 2 rs after d  | 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  | Last                          |
| hin 24<br>ncil in<br>niner's<br>pages<br>hours   | 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS   | -                             |
|  | (Yes ing, or unknown) (If yes give war or dates of service)  | 11 10000                      |
| L with the Example File File   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  | APPROXIMATE INTERVAL          |
| be executed<br>"pending" in<br>nief Medical E<br>ansit permit. F<br>event within   | PART I. DEATH WAS CAUSED BY:   | BETWEEN ONSET AND DEATH       |
| Med Med  | DUE TO, OR AS A CONSEQUENCE OF   | (acers)                       |
| be e<br>per<br>ief l<br>nsit   | Canditions, if any, which gave )   | Recent.                       |
| ard and land land land land land land land   | nise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF   |                               |
| should be en ward "per<br>a the Chief<br>burial-transit  | lost. (c)  |                               |
| g the sed ta   | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)   |                               |
| ifica<br>iting<br>arde<br>arde<br>af, a  | × 4201   |                               |
| This certific ficate, writing be farward a de be used a ar removal,  | 190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item                       | 20. AUTOPSY?                  |
| This ate, ate, be related  | 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item  | YES NO                        |
| INER: TI<br>ne certifica<br>should bu<br>files.<br>3 shauld I<br>natian, ar  | 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Iten HOUR A.M.                            | 1 (8.)                        |
| NER<br>NER<br>shou<br>files<br>shou<br>atia  | PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. Ng. City or Town | County State                  |
|  | WHILE AT WORK AT WORK AT WORK  | Coomy                         |
| DEPUTY DICAL EXAM ressary, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page salth priar to burial, crem   | 22a. I certify that I took charge of the remains described above, held an Autopsy 💢 Inspection 💢 Inquiry 🔀   | ond in my opinion             |
| ICAL EX<br>e execut<br>tar. Pag<br>ed for y<br>CTOR: P<br>burial,  | death resulted from Natural enurses Assistant Suiside Hamiside Hadetermined manage   |                               |
| please director retained.  | CHIEF MEDICAL EXAMINER   |                               |
| JIY DIC, please eral director be retained RAL DIRECT priar to bu   | SIGNATURE John S. Ball M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SI  |                               |
| EPUTY EDICA<br>Ssarry, please ex<br>funeral director.<br>by be retained<br>NERAL DIRECTO   | EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER   | 12,1968.                      |
| TO DEPUTY DIGGS necessary, please the funeral direct 5 may be retained TO FUNERAL DIREC Health prior to b  | NAME (Type)  ADDRESS(Street, city, town, or county)  | (                             |
| 5 - + 2 5 +  | 230. BURIAL CREMATION, REMOVAL (Specify) Burial  23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  Parklawn Cemetery  Rockville, Montg  | Caunty) (State)  Omery Co.Md. |
| The state of the s | I UILLIST I GETUELAUU LISTENIAM ORMODELA INCOMATETO MANIAK   |                               |
| VR A15ME (5)<br>10M REV. 1/68  | 24. FUNERAL DIRECTOR SONS, Inc., ADDRESS Wisc. Ave 250. RECD BY REGISTRAR 25b. REGISTRAR'S SU<br>N.W., Wash., D.C., 20016  |                               |
| TUM REV. 1700  |  | 1 0                           |

|     | MARYLAND STATE DEPARTMENT OF HEALTH  13171  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   |     |
|-----|---|-----|
|     | CERTIFICATE OF DEATH  |     |
|     | DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUI (Type ar print) Manth Day Year 36  |     |
|     | DURA K. KANSTOROOM SEPTEMBER 8 1968 17  | M   |
| 3   | 5. DATE OF BIRTH  6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HB    8. SEX  9. DATE OF BIRTH  10 St birthday)  10 St birthday)  10 St birthday)  |     |
|     | 101-ALE 0/AG/03 88. 16.   |     |
| 1   | a. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH  |     |
| +   | D. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR   | Md  |
| > [ | give street address)   during most of working life, even if retired.)   INDUSTRY  |     |
| Ĩ   | 3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CIPY LIMITS? 13e. STREET AND NUMBER   | -   |
| 0   | MARYLAND MONITGOMERY SILVER SPG. YES NO 12135 DAVID DRIVE   |     |
|     | 4. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last   |     |
|     | LOUIS ROBIN BESSIE ALPERT   |     |
|     | (6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 30 A Address 5.5.190   |     |
| -   | 1578-22-1066 DR. ALLEN B. KANSTORCOM - 12135 DAVID DR.  |     |
| 1   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  DADIT LOCATIVE MAS CAUSED BY.  |     |
| 9   | IMMEDIATE (AUSE (a) Pulmonary Abscess & Baoncho Pneumonia Few Wea   | C   |
|     | Conditions, if any, which gave)  The conditions of the conditions | -   |
|     | inse to immediate cause (a), (b) INDICOPET ESOPHAGEAI MOTI 129Y   | C : |
| 1   | lost. (c) Met. Carcinoma from Skin More tha   | n   |
| 1   | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20yrs.   |     |
|     | 11919   |     |
|     | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO  21b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  |     |
|     | YES NO CAUSES OF DEATHS   |     |
| 1   | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Manth Day Year   |     |
| 1   | Cit either, natify medical examiner) P.M. 19  | _   |
| 1   | While Not while (office BUILDING, ETC.)   |     |
| 1   | at work at work 22a. I certify that (I) (this hospital) attended the deceased from 1965, to 9/5, 1966, that (I) (wee) I   | nst |
| 1   | saw the deceased alive on 1960, and that in (my) (earl) opinion death occurred an the date and haur and from t  | he  |
| 1   | couses stoted above, (I) (we) (did) (did not) view the body ofter death.  |     |
|     | 22b. SIGNATURE  DEGREE PHYS.  DIRECTOR | 0   |
|     | 22d. PHYSICIAN'S 22e. ADDRESS   | _   |
|     | NAME (Type) G. LENNARD GOLD MA 2001-GEORGIA AVE. SIL SAG- HU  |     |
| -   | 3a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)   |     |
|     | REMOVAL (Specify) 9-11-68 KING DAVID MEMORIAL GARDEN FALLS CHURCH VA  |     |
|     | 24. FUNERAL DIRECTOR DANZANSKY +SONS WASH. D.C. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DASFP 16 1968  |     |
| - 6 | DADLETO   |     |

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13187 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME First 20. DATE KNOWN (Type or Print) John Dwight Kendall Sr. ESTI-DEATH MATED Pod 3 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 5 DATE OF BIRTH 3. SEX 2c. DATE PRONOLINGED DEAD pup 800bii HOURS Yeor 1968 PM3 Male White 10-10-1887 Day Departi 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country Washington, DC U.S.A. WIDOWED DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of Work done during most of working life. Wen if retired.) INDUSTRY Nursing ttorney 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Wash D d 136. COUNTY 3000 39th St. NW YES NO NO Wash. D.C. ofter 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME Middle D. Hooker Mary John Blake Kendall 24 in hours e, writing the word "pending" in pencil in forworded to the Chief Medical Exominer's pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Jr. ADDRESS (Yes, no, or unknown) -36-1015 John D. Kendall ves File APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one couse per permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). ony certificate should DUE TO, OR AS M CONSEQUENCE OF stoting the underlying couse .⊆ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 20 remova!, used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? This execute the certificate, 4 should be 21o. EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M cremotion, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, Beld an Autopsy ... Inspection and in my apinian director. Accident Natural causes death resulted from: Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER prior ACTUAL moy be re 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE -DEPUTY MEDICAL EXAMINE EXAMINER'S # TO FUNE Health NAME (Type) the 23o. BURIAL CREMATION DATE CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Cedar Hill Crematory Suitland Cremation Prince 24. FUNERAL DIRECTOR Inc., 5130 Joseph Gawler's Sons. VR A15ME (5) N.W. Wash. D.C. 10M REV. 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH

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|  |               | MARYLAND STATE DEPARTMENT OF HEALTH  |                          |
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| FOD CTATE  | 13            | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  | 13189                    |
| FOR STATE  |               | MEDICAL EXAMINER'S CERTIFICATE OF DEATH  |                          |
| HEALTH DEPT.   |               | ECEASED-NAME First Middle Lost 20. DATE KNOWN Month OF ESTI-   | Doy Yeor 2b. HOUR        |
| ÷ 0 € ( A  | 7             | DAVID Stewart KERN DEATH MATED Sept  | 22 1889 41               |
| deloy<br>and 3<br>M33  | 3. 5          | lost birthday) MONTHS DAYS HOURS MIN. Manak Day  | Year 15 0.22             |
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| o DEPUTY necessory, the funerol 5 may be a 6 FUNERAL Health pri  | 220           |  | (County) (Charles)       |
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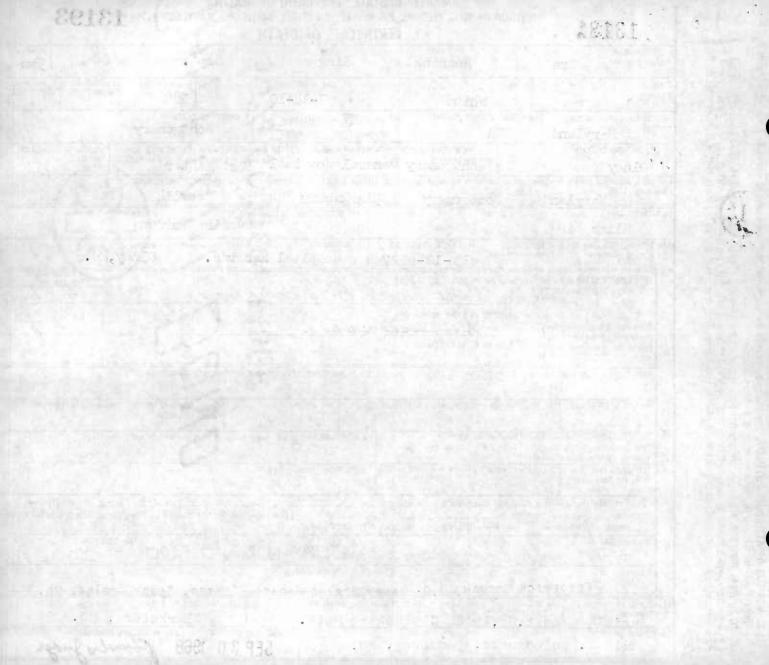
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|     |               | 13179                                     | ٠,            | DIVISION OF                  | VITAL RECORDS                                      | , 301 W. PR           | ESTON STRE           | ET, BALTIMOR           | RE, MARYLAND         | 21203           | 191                 |                                  |
|     |               |   | 34            |                              |  | CERTIFIC              | ATE OF D             | EATH                   |                      |                 |                     |                                  |
|     |               | CEASED-NAME                               | First         |                              | Middle   |                       | Last                 | 2a.                    | DATE OF DEATH        |                 |                     | 2b. HOUR                         |
|     | (1)           | ype or print)                             | TRA           | NCES                         | Marie  |                       | KING                 | 9                      | Mon                  | th Doy          | Yeor                | 6 pm                             |
|     | 3. SE         | Υ   |               | 4. RACE                      |  |                       | S. DATE OF BIRTI     | H /                    | 6. AGE               | (In years       | IF UNOER 1 YEAR     | IF UNDER 24 HRS.                 |
| I   |               | FEMALE                                    | 3             | ( W.                         | HITE   |                       | 2//                  | 8/23                   | lost bi              | rthday) YRS.    | MONTHS OAYS         | HOURS MIN.                       |
| ľ   | 7o. B         | IRTHPLACE (Stote of                       | r foreign     | 7b. CITIZEN OF WI            | HAT COUNTRY?                                       | 8. MARRIED T          | NEVER MARRIE         | 9. CO                  | UNTY OF DEATH        | - 7.00          | -1                  | <del></del>                      |
| ł   | canu          | 1 ENNA                                    | BOOK          | 1                            | 15A  | WIDOWED               |                      |                        | MONT                 | Gomen           | 4 600.              | ATTA Md.                         |
|     |               | TY OR TOWN OF DE                          | ATH           |                              | AME OF HOSPITAL OR IN                              | ISTITUTION (If no     | t in hospitol        | 120. USUAL OCC         | UPATION (Kind of     | work done       | 12b, KIND OF        | BUSINESS OR                      |
| 1   | c             | SilvEN S                                  | PRILL         | give give                    | street address) Cro                                | 55 /das               | SP. TAI              | duringmost at          | working life, ever   | n if refired.)  | INDUSTRY H          | lone                             |
|     | 13a.          | USUAL RESIDENCE (                         | Where decease | ed lived, if institut        | ian: Residence befare                              |                       |                      | I. INSIDE CITY LIMITS? | 13e. STREET AND      | NUMBER          |                     | 1.                               |
| Į   |               | 111                                       | ARYLAN        | d ISB. COUNTY                | Montgomeri   | 121/18                | Spring               | ES NO                  | 1703                 | - FRAA          | UWAII               | Merce                            |
| ł   | 14. F         | ATHER'S NAME                              | First         | Middle                       | Last   |                       | MOTHER'S MAID        |                        |                      | Middle          |                     | Last                             |
| L   |               |   | nuel          |                              | Dobra  |                       |                      | Welisav                | a                    | XXXXXX          | X Yusi              | tic                              |
| ı   | 16a.<br>Ya    | WAS DECEASED EVE                          |               | WED FORCES?                  | 16b. SOCIAL SECURITY                               |                       | IFORMANT             |                        |                      | Address         |                     |                                  |
| Ļ   |               | es, no, or unknown)                       |               |                              | 186-14-03  | 71 (                  | dward F.             | King 1                 | 703 Fran             | wall B          |                     | Md.                              |
| I   | C)            | 18. CAUSE OF DEA<br>PART I. DEATH         | ATH (Enter an | ly ane cause per li          | ne far (a), (b), and (c                            | 11.                   | V(                   |                        |                      |                 | BETWEEN O           | MATE INTERVAL<br>INSET AND DEATH |
|     |               | PAKI I. DEATE                             |               | ATE CAUSE (a)                | Hepati   | cTa                   | ilare                |                        |                      |                 | 24                  | oles                             |
|     |               | 1550                                      |               |                              | AS A CONSEQUENCE OF                                |                       | , ,                  | 1                      |                      |                 |                     |                                  |
|     |               | Conditions, if any, rise to immediate     |               | (b)                          | Helpte   | 0                     | 12495                | tases                  |                      |                 | 1-84                | mas'                             |
| 1   |               | stating the under                         | lying couse   | DUE TO, OR A                 | AS A CONSEQUENCE OF                                |                       | ~ i) ~ · ·           | . 11                   | 01                   | <b>D</b> 2      | 2/2                 | NOM.O                            |
| 1   |               | last.                                     | )             | (c)                          |  |                       | Cinon                |                        | 010                  | 24              | 1/3                 | years                            |
|     |               | I FO                                      | MIRICANI CUI  | ADITIONS CONTRIBO            | TING TO DEATH BUT N                                | IOI KELATED TO        | THE TERMINAL D       | NOTASE OK CONDII       | ION GIVEN IN PARI    | 1 1(a)          |                     |                                  |
|     | NO.           | 19a. DATE OF OPERA                        | TION TION     | CUNDITION EUD MAN            | ICH OPERATION WAS P                                | EDEUDWED              | 20a. AUTOPS          | vo                     | 20b. IF YES, WEF     | DE EINDINGS CO  | MISIDEDED IN C      | COTICVINO                        |
|     | CERTIFICATION | ING. DATE OF OPERA                        | 170.          | CONDITION TOK WIT            | ICH OFERAHON WAS F                                 | EKI OKMED             |                      | NO 🗆                   | CAUSES OF DEAT       |                 | MAINERED IN C       | MILLING                          |
|     | CERT          | 21a. ACCIDENT WA                          | S UNDERLYIN   | IG 21b. TIME O               | INJURY   | 21c HO                | W INJURY OCCUR       |                        | re af injury in Part | 1 or Port 2 Is  | tem 181             |                                  |
|     | ¥             | OR CONTRIBUTING                           | CAUSE OF OEAT | HOUR A.M.                    | Month Doy Year                                     |                       | MODEL OCCUR          | tring noin             | io at injury in ruti | . 01 1011 2, 11 | 10.1                |                                  |
|     |               | (If either, notify m<br>21d. INJURY OCCUR | RED 21e       | PLACE OF INJURY              | AT HOME, FARM, STREET, FA<br>OFFICE BUILDING, ETC. | 9<br>CTORY.) 21f. 100 | ATION Street o       | or R.F.D. No           | City or Town         |                 | County              | Stote                            |
| ١   |               | While Not whi                             | le            |                              | OFFICE BUILDING, ETC.                              | / 200                 |                      |                        | 2, 0. 10411          |                 | 1                   | 31010                            |
|     |               |   |               | is hospital) atta            | ended the deceas                                   | ed from_              | marc                 | 6 1968                 | to                   | 0 . 19 .        | os-, that           | (I) (see) Inst                   |
|     |               | saw the d                                 | eceased a     | live on                      | ended the deceas                                   | 1965, ond             | that in (my)         | (our) opinion          | deoth occurred       | on the dat      | te and haur         | and from the                     |
|     |               |   | ated above    | e, (I) <del>(we) (did)</del> | (did nat) view the                                 | body ofter d          | eath.                | 10-11                  |                      |                 |                     |                                  |
|     |               | 22b. SIGNATURE                            | 1-            | -                            | 16   | 1                     | ATTENDING            | MED.                   | STAFF                | 22c. D          | DATE SIGNED         | 100                              |
|     |               | 22d. PHYSICIAN'S                          | Che C         | ano,                         | 20081  | DEGRE                 | E PHYS.  22e. ADDRES |                        | OR PHYS.             |                 | 1/21/               |                                  |
|     | 31            | NAME (Type)                               | C 0-          | mand Ga                      | ld MA  |                       |                      | _                      | Avenue :             | C: Aug          | Satina              | MJ                               |
| -   | 22-           | BURIAL, CREMATION                         | 23b.          | DATE                         | DOS NAME OF  | CEMETERY OR (         |                      |                        | LOCATION (City o     |                 |                     | (State)                          |
|     | 23Q.          | REMOVAL (Specify)                         | 230.          | ent 24                       |  | Sepulch               |                      | 230.                   | LOCATION (CITY O     |                 | (County)            | (State)                          |
|     |               | FUNERAL DIRECTOR                          | 1 0           | EDV. 44.                     | 4  |                       |                      | So. REC'D BY REG       | ISTRAR 25b.          | REGISTRAR'S     | entame<br>SIGNATURE | ry Pa.                           |
|     | (11           | sauge 5                                   | Pumph         | rew Duva                     |  | Ave 5                 | leval                |                        | 5 1968               | golia           | was Jan             | dge .                            |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13192 13180 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) red lason ember 3. SEX 4. RACE as the burial-tronsit permit. Then please (remove sarbon papers. Pages verient to burial, cremotion, or removal, and in agy exent, within 72 hours after S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. requires that the death certificate be executed within 24 hours after last birthday) HOURS Caucasion 4-22male YRS. 7a. BIRTHPLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND filled in American WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR give street oddress) during mast of warking life, even if retired.) **INDUSTRY** and completely akoma Dashingto governmen 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES M 0012 Kinross Montgomen 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle First Last Jarah eason damue physicion 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 220-44 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ; burial-tronsit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 moy be retained by the hospitol ar ottending TO FUNERAL DIRECTOR: After this certificate hos been for use as the 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES director, page 3 should be detached for use should be filed with the State Dept. of Health 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote City or Town County While Not while 220. I certify that (1) (this hospital) attended the deceased from Sept . 1943 to Sept 2 saw the deceased alive on Sept. 27 \_\_1965, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF ) DEGREE PHYS 22d. PHYSICIAN 22e. ADDRESS NAME (Type) Raymond Bradshaw. M.D. 23d. LOCATION (City or Town) 230. BURIAL, CREMATION (County) 30M REV.

| 1 -11  | 1             |   |  |                                       | EPARTMENT OF                          |   | 00149405                                   | )   |
|--|---------------|---|--|---------------------------------------|---------------------------------------|---|--|---|
| P  |               | 1318%   | DIVISION OF VITAL RECORDS,   |                                       | TE OF DEATH                           | IMUKE, MAKTLANU ZI  | 1319                                       | )   |
| death.   |               | ECEASED-NAME Fin  | rst Middle   |                                       | lost<br>ing                           | 20. DATE OF DEATH<br>Sept. Month 26   | 5 Doy 68 Year                              | 2b. HOUR<br>5am M                         |
| cuted within 24 hours after of any filled in by the fundament, event, within 72 hours after 6  | 3. 5          | Male  | 4. RACE White  | S                                     | . DATE OF BIRTH<br>7-18-10            | 6. AGE (In year   | Ors IF UNDER 1 YEAR  MONTHS DAYS  YRS.     | IF UNDER 24 HRS.<br>HOURS MIN.            |
| 4 haur<br>d in by<br>20ers. P  |               | BIRTHPLACE (State or foreign ntry)  Maryland  |  | WIDOWED                               |                                       | 9. COUNTY OF DEATH<br>Montgomen   |  | Md.                                       |
| within 2<br>ely fille<br>bon pa<br>within  |               | CITY OR TOWN OF DEATH  Olney  |  | General                               | Hospitang m                           | AL OCCUPATION (Kind of work<br>ost of working life, even if re<br>Post Mastel | tired.) 12b. KIND OF INDUSTRY              | BUSINESS OR                               |
| ecuted care care y event,  | 13a.<br>adm   | USUAL RESIDENCE (Where deco<br>ission) STATE<br>Marylan   | eased lived, if institution: Residence before 13b. COUNTY Nontgomery     |                                       |                                       | IMITS? 13e. STREET AND NUM  Box114  | BER  |   |
| and grand gr | 14.           | FATHER'S NAME First Elias King  | Middle Last  | 15.                                   | MOTHER'S MAIDEN NAME F                | Jemina Purdu  | ddle<br>M                                  | Lost                                      |
| ertificate b<br>physician<br>nen please<br>naval, and i  | 160           | . WAS DECEASED EVER IN U.S. A<br>Yes, no per unknown) (If yes giv                                   | RMED FORCES? Ve war ar dates of service)  16b. SOCIAL SECURITY 213-12-41 |                                       | ormant<br>Hospital Re                 |   | dress<br>Lney, Md.                         |   |
| death catending  |               | PART I. DEATH WAS CAU   | DUE TO, OR AS A CONSEQUENCE OF   | all                                   | remission                             | chape   | APPROXIM<br>BETWEEN O                      | AATE INTERVAL NSET AND DEATH  RET,        |
| equires that the<br>physician.<br>signed by the<br>burial-transit p<br>burial, cremation   |               | Conditions, if ony, which gav<br>rise to immediote couse (o<br>stoting the underlying cous<br>last. | DUE TO, OR AS A CONSEQUENCE OF   |                                       | lon                                   |   |  | gi,                                       |
| The law requires th attending physician. has been signed by se as the burial-traith priar to burial, cre   | NO            | 33/x  | CONDITIONS CONTRIBUTING TO DEATH BUT N                                   |                                       |                                       |   |  |   |
| The law ratending attending has been see as the th priar to  | CERTIFICATION |   | Pb. CONDITION FOR WHICH OPERATION WAS PI                                 |                                       | 20a. AUTOPSY? YES NO                  | CAUSES OF DEATH?  | DINGS CONSIDERED IN CE                     | RTIFYING                                  |
| ICLAN:<br>pital ar<br>rrificate<br>d far u<br>af Heal  | MEDICAL CE    | 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CO. (If either, natify medical exa               | DEATH HOUR A.M. Manth Day Yeor<br>miner) P.M.                            | 9                                     |                                       | er nature of injury in Port 1 or  | Port 2, Item 18.)                          |   |
| PHYS<br>the has<br>this ce<br>detache<br>e Dept.   | W             | While Nat while   |  | A                                     | ATION Street or R.F.D. No             |   | Caunty                                     | State                                     |
| Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to  |               | 22a. I certify that (I) (<br>saw the deceosed<br>causes stated abo                                  | this haspital) attended the decease olive an                             | ed fram<br>1962, and<br>bady after de | 1962 — 1964<br>that in (my) (aur) api | inian death accurred an   | , 19 <u>62</u> , that<br>the date and haur | (I) ( <del>we)</del> last<br>and fram the |
| OR ATI   |               | 22b. SIGNATURE  | derick moo   | modecher                              | 201                                   | MED. STAFF DIRECTOR PHYS.   | 22c. DATE SIGNED<br>9-26                   | -68                                       |
| TO HOSPITAL OR<br>Page 4 may be r<br>TO FUNERAL DIRE<br>director, page 3<br>shauld be filed w  |               | 22d. PHYSICIAN'S<br>NAME (Type) FREDE   |  |                                       |                                       | CENTER, SANG  | Y SPRING.                                  | Mo  |
| TO HO<br>Page<br>TO FUN<br>direct<br>shaul   |               | REMOVAL (Specify) Burial S  | ept.28,1968 Clar   | CEMETERY OR C                         | REMATORY<br>Meth.                     | 23d. LOCATION (City or Tow<br>Clarks)   | on) (County)<br>burg, Md.                  | (Stote)                                   |
| VR A15 (1)   | 24.           | FUNERAL DIRECTOR Olin L. Mo   | lesworth, Damascus   |                                       | DATE SE                               |   | ISTRAR'S SIGNATURE                         | dge.                                      |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PHYSICIAN: The law requires that the death certificate be

|  | 1             | MAKILAND STATE DEPARTMENT OF HEALTH  |
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| \/   |               | 13183 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |
| 10 15  |               | CERTIFICATE OF DEATH 13195   |
|  | 1 [           | ECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR  |
| dead a death   |               | Type or print) 4 - Month Day Year  |
|  | 0.0           | TRANCES A. KIRKLAND Sept. 5 1968 12:50 M.  |
| fter<br>e fu<br>es l   | 3. 9          | lost hirthday) MONTHS DAYS HOURS MIN   |
| haurs after<br>Tuby the fur<br>Pages 1,  |               | -   Caucasian 4-28-85 83 YRS. MONTHS DATS MONTHS   |
| yd yd no   |               | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  |
|  | COU           | 1LL. U.S.A. WIDOWED & DIVORCED   Montgomery Md.  |
|  | 10.           | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF RUSINESS OR   |
| 重 >5 = 91  | 2             | Wheaton Randolph Hilk Nussing Horne Morking life, even if retired.) INDUSTRY   |
| d w  | 13a           | USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NIJMBER  |
| camplete<br>ave carb   |               | ission) STATE Md. 136. COUNTY Montgomery Silver Spring YES NO 8720 Cameron St.   |
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| o pur  | 1             |  |
| cate<br>Sicio<br>Secional  |               | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address   |
| phy sn l   |               | 346-05-1054 Ducho I RIEKland 6012 Deech HUC The  |
| e Figure 6   |               | 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  |
| ath<br>indii<br>ir.  |               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Faulane 2 mos.   |
| de<br>arm<br>erm   |               | 4/20 DUE TO, OR AS A CONSEQUENCE OF  |
| the of the other   | 1             | Conditions, if ony, which gave)  |
| y ±  |               | rise to immediate cause (a),  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF   |
| d b or r.  | 1             | stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF  |
| uire<br>nysi<br>gne<br>rial  |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |
| p p p p p p p p p p p p p p p p p p p  | 4             | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  |
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| e la<br>tendens<br>ls b<br>as<br>prio  | CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?   |
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| ar are   |               | 21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year  |
| E E E E E E E E E E E E E E E E E E E  | MEDICAL       | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19   |
| YSI<br>despera   | ¥             | 21d INITIRY OCCURRED 21e PLACE OF INITIRY / AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. City or Town County State  |
| PH<br>The ph<br>This eta   |               | While Not while at wark at wark  |
| N + + + e e e e e e e e e e e e e e e e  |               |  |
| Aft by St.   |               | saw the deceased alive on  |
| THE SE IN THE SE |               | causes stated abave, (I) ( <del>we</del> ) (did) ( <del>did not</del> ) view the bady after death.   |
| TA S D S S   |               | 22b. SIGNATURE 22c. DATE SIGNED  |
| OR<br>OR<br>OIRE   | 1             | Kunell B. anold Md, DEGREE ATTENDING DIRECTOR DIRECTOR PHYS. DI 9-5-68   |
| AL D   |               | 22d. PHYSICIAN'S DOCUMENT DE DOCUMENT OF STREET 22e. ADDRESS 1/66 Spring Street  |
| ERA<br>ERA<br>J be   |               | NAME(Type) Kussell B. Arnold Mit, 5-1 versering, md. 20910   |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed very be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carb shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event,   | 230           | BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  |
| Page of Fire   |               | BURIA (Specify) 9-9-68 Holy SepulchRe. Worth. III  |
|  | 24.           | FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  |
| VR A15 (4)<br>30M REV. 1/68  | -             | Robert A Pom shoer 7557 LUISCONSIN DUE DAISEP 1 1 1968 Achienles Judges  |
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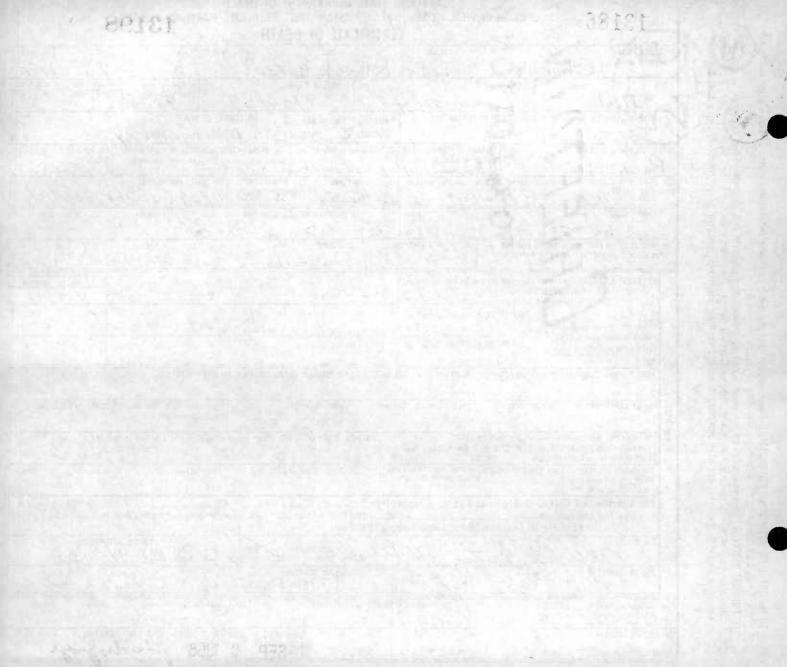
| 1  | 3             | 13184 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120113196   |
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| <b>1 1 1 1 1 1 1 1 1 1</b>   |               | CEASED-NAME ype or print) Thomas Simos KilsouLis 20. DATE OF DEATH  Nonth Day Yeor 8 Middle  |
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| nours after of the function of |               | Mule White 1/16/04 last birthday), MONTHS OAYS HOURS MIN.  |
| 24 hours, do in by 172 haurs.  | 7o.           | SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? S. MARRIED NEVER MARRIED 9. COUNTY OF DEATH MONTGOMERY   |
| hin 24 filled i paper thin 72  | 10 (          | ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR  |
| ed within 24 holy filled in carbon papers.   | 4             | Leuton, and give street oddress) University Walson and the LED fretired.) INDUSTRY   |
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| icate be eccut<br>siscion and cam<br>please, remade<br>1, and in any eve   | 14.           | ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last  |
| te be<br>ian ar<br>iase n  | 16a           | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECUPITY NO 1Z JUNFORMANT Address  |
| 0 00 1   |               | es, na, or salkhown) (If yes give war or dates of service) 578-46-9774.  |
| ng p   |               | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  |
| he death<br>attendir<br>permit.<br>ian, or re  | 12            | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  3 day 5.   |
| t the aff  |               | Canditions, if any, which gave   |
| hat<br>n.<br>ny th<br>ansir  | H             | tise ta immediate couse (o), stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF   |
| aquires that t<br>physician.<br>signed by the<br>burial-transit<br>burial, crema   | -             | last. (c)  |
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| OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by je 3 shauld be detached far use as the burial-trailed with the State Dept. af Health priar ta burial, cred with the State Dept. af Health priar ta burial, cred   | ~             | 21d. INJURY OCCURRED While Not while at work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. Na. City or Town County State   |
| by til<br>fter<br>be d<br>State  |               | 22g   certify that (1) (this haspital) attended the deceased from 2000 19 % to 2000 16 19 % that (1) (we) last   |
| ATTENDING stained by the CTOR: After should be dith the State  |               | saw the deceased alive on 19 19 1, and that in (my) (aur) opinion death occurred on the date and hour and from the courses stated abave, (I) (we) (did) (did not) view the bady ofter death.   |
| OR ATTEN<br>be retained<br>DIRECTOR:<br>ge 3 shauld<br>led with the  |               | 22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED   |
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| SPIT/<br>4 ma<br>IERAI<br>ar, p<br>d be  |               | NAME (Type) 18 LAINE # 1210 9 POI Dang in Oresburging I  |
| TO HOSPITAL OR<br>Page 4 may be r<br>Or FUNERAL DIRE<br>director, page 3<br>shauld be filed v  | 23a           | BURHAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Invit) (Stote)   |
|  | 24.           | FUNRAL DIRECTOR OF THE PROPERTY OF THE PROPERT |
| VR A15 (4)<br>30M REV. 1/6B  |               | MITTAL CHILD GEORGESTA AVE DATE SEP 20 1968 Scharles Judge   |

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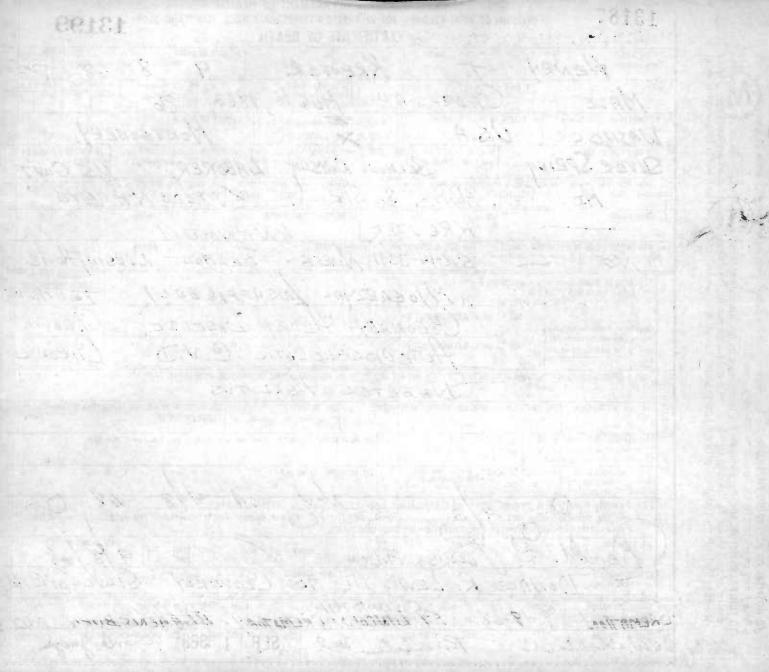
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2701 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF OEATH after death Sep Month (Type or print) 00 Bernard Klatemar 3. SEX 4. RACE S. OATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS HOURS last birthday) MONTHS OAYS Male white Sept and in any event, within 72 hours executed within 24 hours completely filled in by 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIEO ANEVER MARRIED country) U5 remove carbon popers. Montdomera WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work Wone 12b KIND OF BUSINESS OR Chevy during mast of working life, even if retired.) give street oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO T 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle ottending physician and nermit. Then please r David 1 ateman 160 WAS OFCEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Wateman-above of Health prior to buriol, cremotion, or removal, requires that the deoth certi APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o Conditions, if ony, which gove ) signed by the buriol-transit p "RONIC OBSTRUCTIVE. EMPHYSKMA MANY YEARS rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospital or offending physicion. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) this certificate has been for use as the 20o. AUTOPSY? 20b. IF YES, WERE EINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ NO F 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year P.M (If either, notify medical examiner) detoched be detoched State Dept. c 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.E.D. No. Stote City or Town County While Not while of work **DIRECTOR:** After director, page 3 should should be filed with the couses stated obove, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS O FUNERAL GREGG KHODES NAME (Type) Greevoe 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BURIAL, CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 1968 30M REV, 1/68

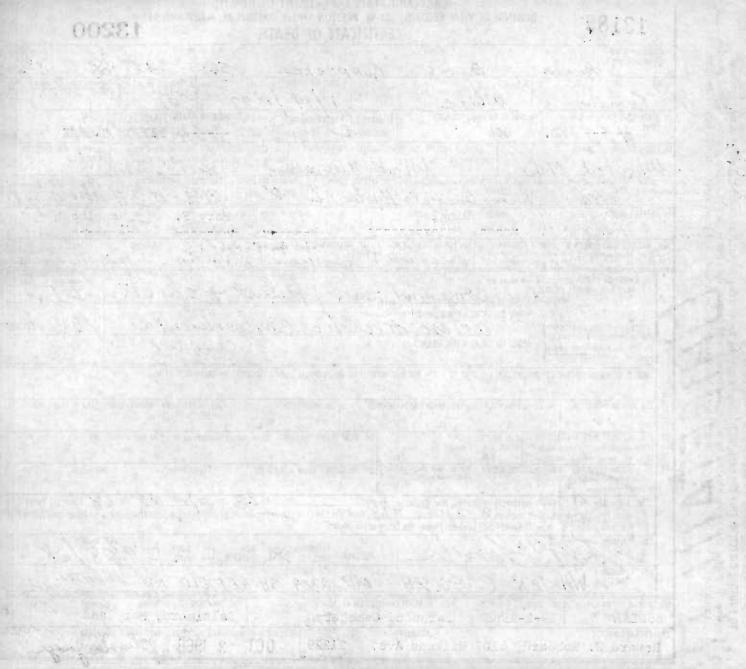
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2324 13186 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH First Last 2b. HOUR after deoth (Type ar print) Yeor, HARIES -0415 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS AUCASIAN 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) U.S.A WIDOWED X DIVORCED | Montgomery burial, cremotion, or removal, and in ony event, within 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within give street address) during mast of working life, even if retired.) INDUSTRY completely DENTAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE N. COUNTY 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Last puo ERNEST KlinGelhoFer MARY physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) H.E.KLINGelhoFeR GleNbRook ottending p 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ears. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF the Canditions, if any, which gave: rise ta immediate cause (a) signed by DUE TO, OR AS A CONSEQUENCE OF be retoined by the hospital or ottending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO T 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceosed from\_ , and that in (my) (our) opinion death accurred on the date and have ond from the saw the deceased alive an\_\_\_\_ director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURI 22c. DATE/SIGNED **ATTENDING** STAFF TO HOSPITAL OR Poge 4 moy be r DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S TO FUNERAL NAME (Type 10 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) REENMOUNT 0. Md. CREMATION 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1968 ST. PAUL ST. 30M REV. 1/68 WMCOOK-BROOKS, INC. 1217



|   | - 1   |               | MARYLAND STATE DEPARTMENT OF HEALTH  |
|---|-------|---------------|--|
|   |       | T±.           | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13199  |
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| d de  |       | 7- D          | THLE CHUCKSTR 1706 TO 1800 86. YRS.  |
| 4 hour lin blers.   |       | coun          | IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED NOTGONERY.   |
| vithin 24 ho<br>sly filled in<br>son papers.  | 0.    | 10. C         | TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR   |
| ed with<br>oletely<br>carbon<br>ent, wit  | 70    | 13a.          | JUER SPRING give street address) BELMONT NURSING during prost of good profile even if retired.) INDUSTRY GOVT  JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OF TOWN 337 and INSIDE CITY LIMITS? 13e. STREET AND NUMBER 5206 Byers St.  |
| cuted v   | 16    | admi          | STATE NO 135 COUNTY MANTE SIL SPANTES YES NO BY 7220 NIN HI LAIVE  |
| PHYSICIAN: The law requires that the death certificate be executed within 24 hou he hospital or attending physician. The law requires the certificate has been signed by the attending physician again again the burial stacked far use os the burial-transit permit. Then please remove carbon papers. Dept. at Health priarta burial, crematian, ar removal, and many event, within 72 ho   | 2     | 14. F         | ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last  |
| icate b<br>sicial<br>please<br>I, and I   |       | 16a.          | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address   |
| rtificate<br>physicia<br>en plea:<br>oval, an   |       |               | s, na, apuntagion) (Il yes give war or deles of service) 578-14-3391 NURSE - BELMONT NURSING HOME  |
| ne death cer<br>attending p<br>permit. The  |       |               | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)   |
| dea<br>uttenc<br>ermit<br>n, ar   |       |               | MMEDIATE CAUSE (a)  Due to, or as a consequence of   |
| t the<br>the c<br>sit p   |       |               | Canditions, if any, which gave is to immediate cause (a).  (b) CORONARY MEDRT DISCASE CHRONE   |
| s tho<br>cian.<br>d by<br>I-tran  |       |               | stating the underlying cause DUE TO, OR AS A CONSTQUENCE OF PLOSELE POTIL C. V.D CHRONIC.  |
| quires<br>physicic<br>signed<br>burial-tr   |       |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)  |
| w re<br>ling<br>een<br>the  |       | NO            | 4201 DIABETES MELLITUS   |
| The law requires the attending physician. has been signed by se os the burial-traith priarta burial, cre  | X     | CERTIFICATION | 19a. Date of operation   19b. condition for which operation was performed   20a. Autopsy?   20b. If yes, were findings considered in certifying causes of death?   |
| or or and are beautified with the solution of |       |               | 21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)   |
| HYSICIAN:<br>hospital or<br>s certificate<br>ached far u  |       | MEDICAL       | Concontributing Cause of Death HOUR A.M. Manth Day Year If either, natify medical examiner) P.M. 19  |
|   |       | >             | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street ar R.F.D. Na. City ar Tawn Caunty State of work of work   |
| by the first be distate   |       |               | 22a, I certify that (1) this haspital) attended the deceased from 1964, to 18 . 1968, that (1) (we) los  |
| ned ned ned the street  |       |               | saw the deceased alive on 1968, and that in (my) (aur) apinian death accurred an the date and hour and from the cayses stoted obove (1) (we) (did (did not) view the bady after death.   |
| OR ATTENDING PH<br>be retained by the h<br>DIRECTOR: After this<br>ge 3 shauld be detao<br>led with the State Dep   |       |               | 226. SIGNATURE  ATTENDING  MED. STAFF  PHYS. DEGREE PHYS. DIPECTOR |
| N OI<br>y be<br>oge<br>filed  |       |               | 220 PHYSICIANS 220. ADDRESS 220 |
| HOSPITAI<br>ige 4 may<br>FUNERAL<br>irectar, pa   | 1     |               | NAME (Type) DONALD R. LEWIS MD 700 CZOVERZY SILVERSPRIM  |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exc<br>Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician aged directar, page 3 shauld be detached far use os the burial-transit permit. Then please rems should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and im-any  |       | 230           | BURIAL DREMATION, 23b. DATE 23c. NAME OF CENTS IN A PAYMOTORY 23d. LOCATION (Gity of Tripp) (County) (State)   |
| VR A15 (  |       | 24.           | FUNERAL DIRECTOR 250. REFOLEY REGISTRAP CO 256. PEGISTRAP S SIGNATURE  |
| 30M REV. 1  | 1 PRO | u             | en countrate met DATE I I I DOUGHT   |

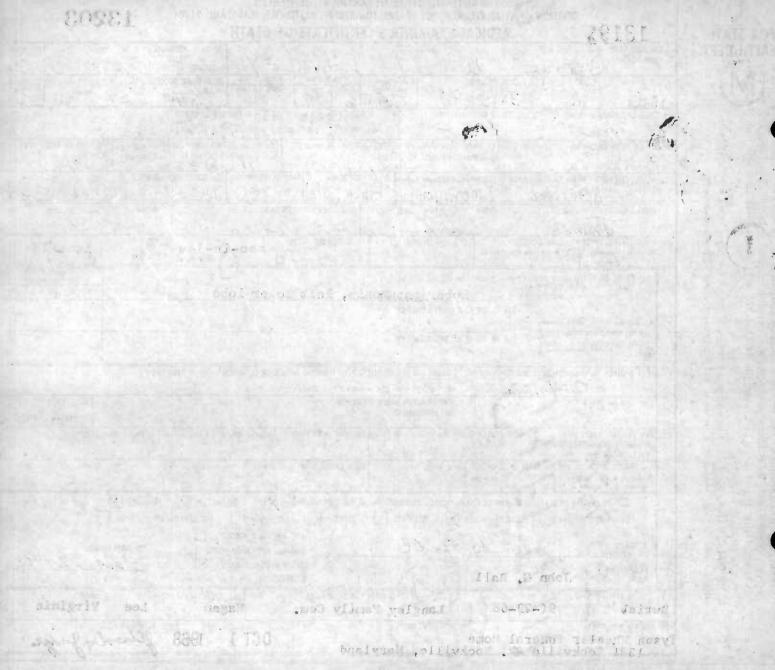




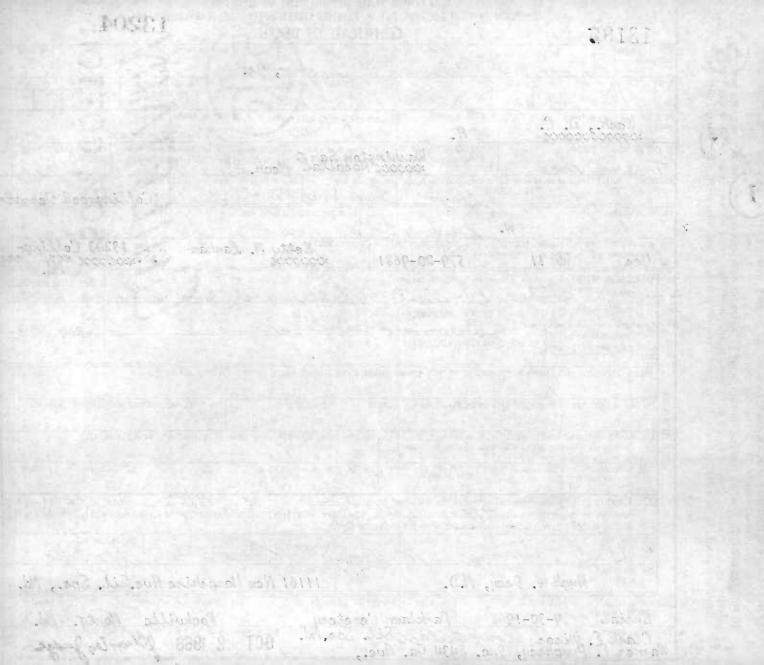
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21 03201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR s, Pages 1 and 2 Nours after death the funeral (Type or print) Jacob Emanu nacey haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS. last birthday) MONTHS OAYS HOURS 9-27-87 male 80 YRS. 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or fareign 9. COUNTY OF DEATH B. MARRIED 🔀 NEVER MARRIED 🗌 country) Montgomer TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician with countries of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers character, page 3 should be detached for use as the burial, cremation, ar removal, and in any event, within 75 characters. POPOCOCOCOCOCO WIDOWED [ DIVORCED within 24 10. CITY, OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street additess) INDUSTRY Construction 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN be executed odmission) STATE 136. COUNTY Washington D. CYES[ morson 14. FATHER'S NAME Middle First Middle Lost 15. MOTHER'S MAIDEN NAME First George Laces Fore Annie requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) pneumohia 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn Caunty Stote While Not while at wark ATTENDING 22a. I certify that (1) (this hospital) attended the deceased from Sep. 9-26- 1965, and that in (my) (com) apinian death accurred an the date and have and fram the saw the deceased alive an\_ causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATUR 22c. DATE SIGNED **ATTENDING** O HOSPITAL OR PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S SAMUEL A. HILLMAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (Caunty) (Stote) REMOVAL (Specify) 9-30-68 ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1968 Inc. 8434 Ga. Ave. S.S.

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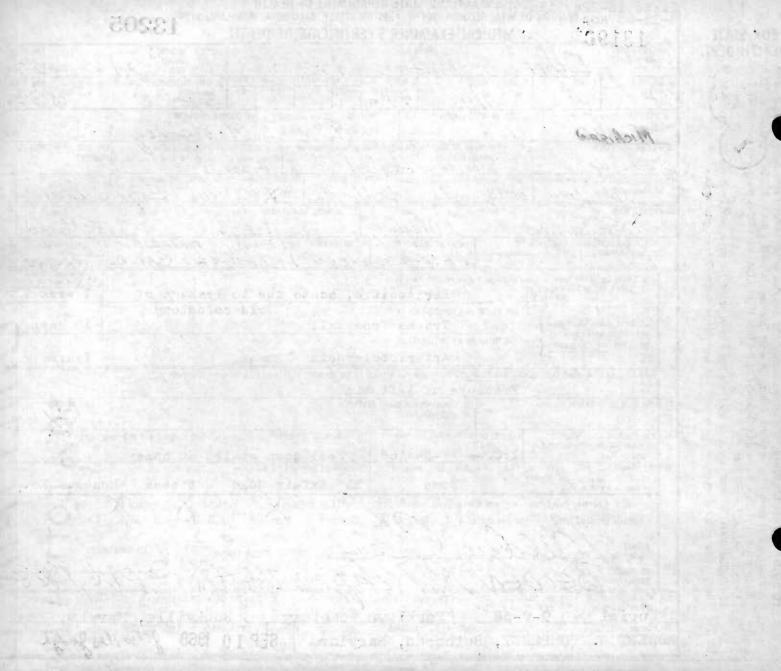
| -      | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  | 02  |
|--------|--|---|
| ATE    | 13191 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | 03  |
| EPT.   | 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Mogth Doy  | Yeor 2b. HQUR                                   |
|        | George W. LANGLEY DEATH MATED [ CARTY]   | 18/2/20   |
|        | 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years list linder) 1 year 1 y | Year 22 23                                      |
| -      | Male W 3-15-43 1/5/RS 6 1/21 34pt. 21  | 1968 12 K M                                     |
|        | pointry 70 /   |   |
| 1      |  | KIND OF BUSINESS OR                             |
| 70     |  | ISTRY   |
| 15     | 30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER  |   |
| 1 =    | odmission) STATEMARY LAND 13b. COUNTY MONTGOMERY Bockville YES - NO - 14037 Travil   | lah Koad  |
| 1      | 4. FATHER'S NAME First Middle Los 15. MOTHER'S MAIDEN NAME First Middle  | Lost  |
| 10     | 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS   | 9CE   |
|        | (Yes, no, or unknown) (If yes give wor or dates of service) (16b. SOCIAL SECURITY NO. 17. INFORMANT SON-IN-LAW ADDRESS   | item#13   |
| F      | 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
|        | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Lobar pneumonia, left lower lobe  | 3 days -  |
| 1      | 48/X DUE TO, OR AS A CONSEQUENCE OF  |   |
|        | Conditions, if ony, which gave rise to immediate couse (a).  (b)  DUE TO, OR AS A CONSEQUENCE OF   |   |
|        | stoting the underlying couse DUE 10, OK AS A CONSEQUENCE OF  |   |
|        | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)   |   |
|        | 490 makey T. tim & consequation some -   |   |
|        | 190. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  210. TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item III   | 20. AUTOPSY?                                    |
| POTICE | 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2. Item 11   | YES X NO  |
|        |  | 3.)   |
| 2      | ≥ 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Co   | ounty Stote                                     |
|        | WHILE NOT WHILE of foctory, office building, etc.)   |   |
|        | 22a. I <b>certify</b> that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🔀, Inquiry 💢,   | and in my apinia                                |
|        | death resulted fram: Natural causes 🔀, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲  |   |
| 8      | ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIGNI  |   |
|        | SIGNATURE A COLLA  | -27, 1968                                       |
| 2      | EXAMINER'S NAME (Type)  John G. Ball  ADDRESS(Street, city, town, or county)   | 711100  |
|        | 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Court Buffall (Specify) 9 (\$\iftarrow\$29\$\$=68 Langley Family Cem. Hagan Lee V   | nty) (Stote)<br>Virginia                        |
|        | 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA  | ATURE   |
| F      | yson Wheeler Funeral Home  1331 Pockyille Pk. Rockyille, Maryland  DATE OCT 1 1968 foliarla  | o judge   |



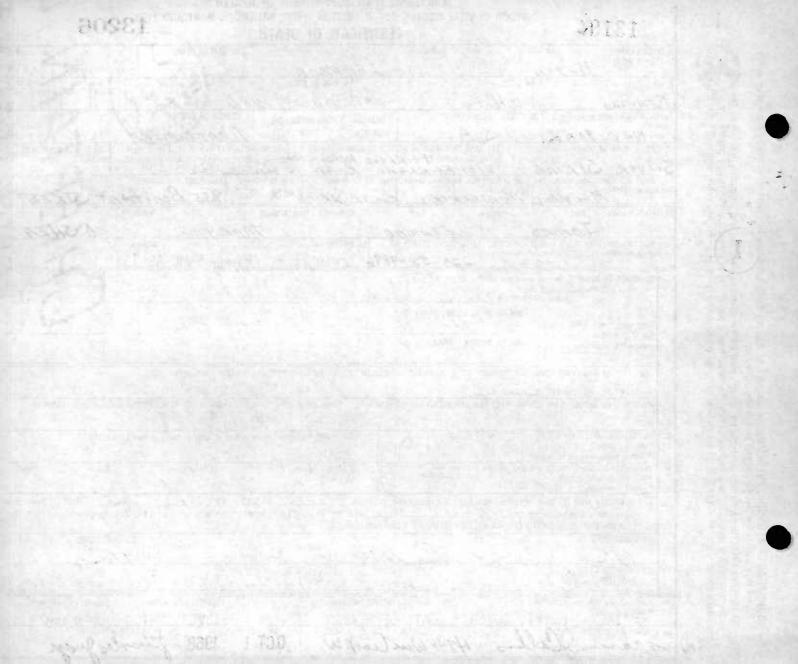
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 2230 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle .Lost 2g. DATE OF DEATH 2b. HOUR (Type or print) Year 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR haurs after last birthday) DAYS YRS. 70. BIRTHPLACE (State or foreign country) 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [ DIVORCED TONT GO HERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in bespitol 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY xxxxxxx Hospital burial, crematian, ar remaval, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before remave car 13c. CITY\_OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 🔽 Collingwood Terra 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First HAS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO 17. INFORMANT Address Betty M. Lanham Yesino, or unknown) dates of service) 579-20-968 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. af Health priar ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO [ YES [ 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) TENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 8/2-8, 1968, to \_1968, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an 9/26 directar, page 3 shauld should be filed with the couses stated obove, (I) (we) (did) (did not) view the bady ofter death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Hugh W. NAME (Type) Irey, 11161 New Hampshire Ave. Sil. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) Parklawn Conetery 9-30-1968 REC'D BY REGISTRAR 30M REV. Inc. 8434 Ga. Ave DATE Pumphreu



| 4  | It<br>9-      | ems 18-22a Film 404 MAKTLAND STATE DEPARTMENT OF HEALTH  25-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120]  |                                 |
|--|---------------|---|---------------------------------|
| FOR STATE  |               | 13193 MEDICAL EXAMINER'S CERTIFICATE OF DEATH   |                                 |
| HEALTH DEPT.   |               | DECEASED NAME (Type or Print)  Lost  20. DATE KNOWN Month D OF ESTI-  | 1 30                            |
| Poge   | 3.            | SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD  | 6 1968 3 A A                    |
| and and was deli   | -             | 7 W 5/27/93 75 YRS. MONTHS DAYS HOURS MIN. Shorth Bay   | Yeor 1968 345                   |
| - 7 E  | 7o.           | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH   |                                 |
| Stote Stote  | 10.           | CIT'OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120. USUAL OCCUPATION (Kind of work done   12   | 2b. KIND OF BUSINESS OR         |
| 0 000  | 0/            |   | NDUSTRY                         |
| thours offer d<br>ltem 18. Give<br>Office along<br>1 ond 2 with the<br>after death.  |               | OUSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Odmission) STATE WAS ASSETTED AND STREET AND NUMBER OF THE | e load                          |
| hours<br>Item 1<br>Office<br>Iond 2<br>after d   | 14.           | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle   | Lost                            |
| 24 h<br>in Ite<br>r's Ol<br>ss 10<br>rs af   |               | FREDERICK Wheelock LENA   | CONRAD.                         |
| within 24<br>pencil in<br>xominer's<br>ile pages<br>72 hours   |               | . WAS DECEASED EVER IN U.S. ARMED FORCES? (Vas no, or unknown) (If yes give war or dates of service) 377-10-2093 Slevin Landam -6410 CAMPOSE  |                                 |
|  |               | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)   | APPROXIMATE INTERVAL            |
| certificate should be executed, writing the word "pending" in orworded to the Chief Medical Eused os a burial-transit permit. Femoval, and in ony event within |               | PART I. DEATH WAS CAUSED BY:  Peritonitis, acute due to leakage of  | BETWEEN ONSET AND DEATH  1 Week |
| e execu<br>pending<br>of Medic<br>sit perm   |               | DUE TO, OR AS A CONSEQUENCE OF Old colostomy  |                                 |
| d be<br>d 'pe<br>Chief<br>transii  |               | Conditions, if ony, which gove rise to immediate couse (a).  (b) Trauma from fall  DUE TO, OR AS A CONSEQUENCE OF   | 13 days                         |
| certificate should<br>writing the word<br>rworded to the Ch<br>ised os a burial-tra  |               | stoting the underlying couse   DUE 10, OR AS A CONSEQUENCE OF     lost.   | Years                           |
| ate s<br>g the<br>sd to<br>ca bi   |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  |                                 |
| vertificate writing trworded reserved os a seed os a soval, an   | NO            | 900.0 Fracture of left hip  | Tag auxangua                    |
| his certific<br>ate, writin<br>e forword<br>be used os   | CERTIFICATION | 196. CONDITION 196. CONDITION OPERATION WAS PERFORMED?  | 20. AUTOPSY?                    |
| fical<br>fical<br>l be<br>ld b   | L CER         | 21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item   | 1 18.)                          |
| INER: 1 e certific should b files. 3 should orion, a   | MEDICAL       | CAUSE OF DEATH 1:00 Me 8-24 19 68 Fell down stairs at home  | County State                    |
| EXAMINER: cute the certifage 4 should age 4 should ryour files. Poge 3 should, cremotion,  | _             | forton office building etc.)  | County Stote                    |
| ical Execut<br>tor. Page<br>ed for y<br>CTOR: Po<br>burial, o  |               | 220. I certify that I took charge of the remains described above, held an Autopsy I Inspection X, Inquiry X,  |                                 |
| se exertor.  |               | deoth resulted from: Notural couses, Accident, Suicide, Hamicide, Undetermined manner   |                                 |
| DEPUTY 1   |               | ACTUAL CHIEF MEDICAL EXAMINER   22b. DATE SIG   | CNED                            |
| DEPUTY cessory, F e funerol moy be r FUNERAL calth pric  |               | EYAMINEP'S DEPUTY MEDICAL EXAMINERS SO  | 1 1010                          |
| necessory, the funero 5 moy be FONERA! Health pr   | 2             | NAME (Type) DECDEN / LAD MADDRESS Symposius, Jown, G. (Johnty)  | 6,1768                          |
| 10 s the   | 23            | REMOVA) (Specify)   | County) (Stote)                 |
|  |               | FUNERAL DIRECTOR ADDRESS 1250 REC'D BY REGISTRAR 1250 REGISTRAP'S SIG   | ry Lan d<br>GNATURE             |
| VR A15ME (5)   | o Ro          | DBERT A. PUMPHREY, Bethesda, Maryland DAISEP 10 1968 Client   | as fredac                       |



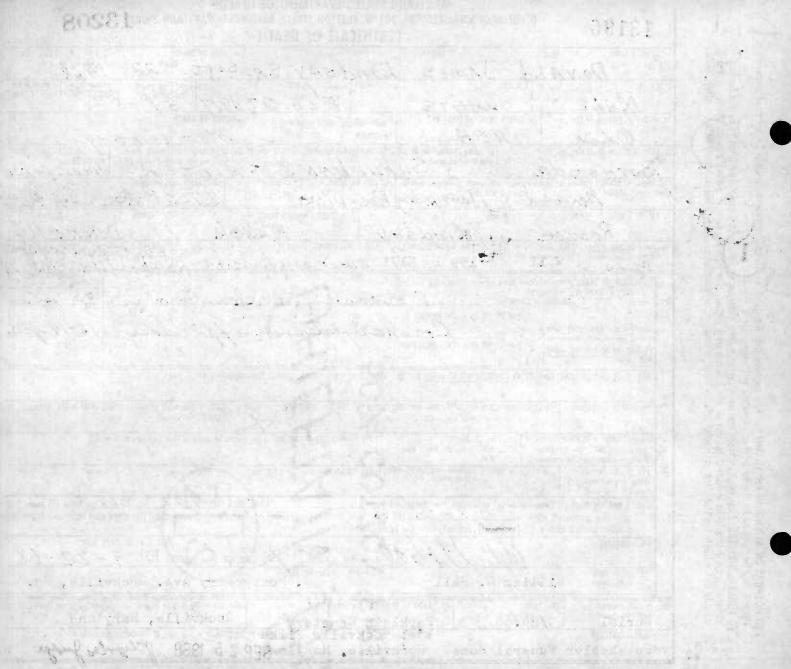
| 1   |               |  |                           | MAKTLA  | ND STATE D          | EPAKIMENI (           | T HEALIH                  |   |             |                             |  |
|-----|---------------|--|---------------------------|---|---------------------|-----------------------|---------------------------|---|-------------|-----------------------------|--|
|     |               | 13194  | DIVISION                  | OF VITAL RECORD                               | S, 301 W. PR        | ESTON STREET, E       | ALTIMORE, I               | MARYLAND 21                                 | 7º32        | 206                         |  |
|     |               |  |                           |   | CERTIFICA           | TIE OF DEAT           | 11                        |   | LUA         | 700                         |  |
| 1.  |               | EASED-NAME First   |                           | Middle  | ,                   | Lost                  | 2o. DAT                   | E OF DEATH<br>Month                         | Doy         | Yeor                        | 2b. HOUR   |
|     |               | MELE   |                           |   | LEA                 | MODD                  |                           | JEPT  | 27          | 1968.                       | 10 AM  |
| 3.  | . SE)         |  | 4. RACE                   |   | 5                   | . DATE OF BIRTH       |                           | 6. AGE (In ye<br>last birthdo               | ors II      |                             | F UNGER 24 HRS.<br>HOURS MIN.  |
| L   | FZ            | EMAKE.   | WHI                       |   |                     | JAN 29,               | 1886                      | 82  | YRS.        |                             | THE STATE OF THE S |
|     | o. B          | RTHPLACE (Stote or foreign   | ,                         | WHAT COUNTRY?                                 |                     | NEVER MARRIED         | 9. COUNTY                 | OF DEATH                                    |             |                             |  |
|     |               | NEW YORK   |                           | S.A.  | WIDOWED             | DIVORCED              |                           | TEOME                                       |             | 75 107                      | Md.  |
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|     |               | SUAL RESIDENCE (Where deced  | 6 2                       | 101 FAIRL                                     | 400 K               | DAD                   | E LIKEU                   | SALESLAD<br>B. STREET AND NUM               | Y           |                             |  |
|     |               | sion) STATE  | 13b COUNT                 | Υ   | e lisc. City OK I   | YES X                 |                           | ^   | BEK         |                             | A = ~~   |
| 1   | 4 F           | THEYARA  | D 1900                    | TEOMERY                                       | SIZUER              | J/K///G               | _ ^                       | 35 Bon.                                     | TAD         | TUK                         | EK!  |
| l'  | 4, 17         | THER'S NAME First  | Middl                     | ,   |                     | MOTHER'S MAIDEN NA    | ME FIRST                  | . M   | iddle       | *1 -                        | Lost   |
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|     | Y€            | s, no, or unknown) (If yes give  | war or dates of service   |   |                     |                       |                           |   |             |                             |  |
| -   |               |  | 0 -                       | 220-58  |                     | CHARLES S.            | LEAMON                    | IDSAME AS                                   | <b>1</b> 3a | APPROXIMA                   | TE INTERVAL  |
|     |               | <ol> <li>CAUSE OF DEATH (Enter of<br/>PART I. DEATH WAS CAUST</li> </ol> | nly one cause pe<br>D RY: | r line for (o), (b), and                      | (c).)               | MARA                  | 1                         |   |             | BETWEEN ONS                 | ET AND DEATH   |
|     |               | 11100 IMMEDI   | ATE CAUSE (o) _           | Car   | diac.               | Cerve                 |                           |   |             | 1mm                         | edia/e   |
|     | П             | Conditions, if ony, which gove   |                           | OR AS A CONSEQUENCE                           | OF O                | 4                     | 1/2-1-                    | 71  |             | 110                         | -  |
|     |               | rise to immediate couse (a),   | (b)                       | corter  | wacee               | rove &                | cour (                    | XILAIN                                      | al          | 14Rx                        | )  |
|     |               | stoting the underlying cause   | DUE TO, C                 | OR AS A CONSEQUENCE                           | OF .                |                       |                           |   |             | 1                           |  |
|     | -             | ost. 4200  | ) (c)_                    | UNITED TO DELTH DUT                           | NOT DELIVED TO      | THE TERMINAL DISEASE  | O D COMPLETION            | 00/64 N 0407 1/ 1                           |             |                             |  |
|     |               | PART 2. OTHER SIGNIFICANT CO   | 4                         | ABUTING TO DEATH BUT                          | NOT KELATED TO      | THE TERMINAL DISEASI  | OKCONDITION               | GIVEN IN PART 1(0)                          |             |                             |  |
|     | S.            | 190. DATE OF OPERATION 19b   | <u> </u>                  | WHICH OPERATION WAS                           | DEDECODATED         | 20o. AUTOPSY?         | Inn                       | b. IF YES, WERE FIN                         | DINCS CON   | ICIDEDED IN CED             | TIEVING  |
| 2   | CERTIFICATION | 190. DATE OF OPERATION 190   | . CONDITION FOR           | WHICH OPERATION WAS                           | PERFORMED           |                       | o)Xi                      | USES OF DEATH?                              | DINGS CON   | DIDEKED IN CEK              | HETING   |
|     |               | 210. ACCIDENT WAS UNDERLYI   |                           | E OF INJURY                                   | 21c. HOV            | V INJURY OCCURRED     | (Enter noture of          | injury in Port 1 or                         | Port 2, Ite | m 18.)                      |  |
|     | MEDICAL       | OR CONTRIBUTING CAUSE OF DEA   |                           | M. Month Day Ye                               | ar<br>19            |                       |                           | Battle .                                    |             |                             |  |
|     | ME            | 214 INITIRY OCCURRED 214   | PLACE OF INJUI            |   |                     | ATION Street or R.F.I | D. No.                    | City or Town                                |             | County                      | Stote  |
|     |               | While Not while of work  |                           | OFFICE BUILDING, ETC.                         |                     | /                     | 1 -                       | = /   |             |                             |  |
|     |               | 22o. I certify that (I) (tl  |                           | attended the deced                            | sed from            | ///                   | 1960, to                  | 9/27  | _, 196      | , that (                    | I) (we) los  |
|     |               | sow the deceosed   | olive on                  | 1121  | _19_6, ond          | that in (my) (our     | ) opinion dea             | th occurred on                              | the dote    | ond hour o                  | nd from the  |
| 93  |               | couses stoted obov   | e, (I) (we) (d            | ia) (did not) view th                         | e body offer de     | orn.                  |                           |   | 1 00 5      | TE CIONED                   |  |
|     |               | 22b. SIGNATURE   | Do                        | -6  | MOEGRE              | ATTENDING >           | MED.                      | STAFF                                       | 22c. DA     | TE SIGNED                   |  |
|     |               | 22d. PHYSICIAN'S   | Jun                       | ner   | UEGKE               | PHYS. 22e. ADDRESS    | DIRECTOR                  | PHYS.                                       | 17/         | 06/68                       |  |
| 1   |               | NAME (Type)  | Ben                       | nack >  | no                  | 4115                  | Colie                     | DR. U                                       | Uhe         | aton                        | mn   |
| 2   | 30.           |  | DATE                      |   | OF CEMETERY OR C    | REMATORY              |                           | CATION (City or Tov                         |             | (County)                    | (Stote)  |
| 7   | 04            | BURIAL Specify) SI   | EPT. 30,                  | 68 GATE                                       |                     | EN 2So. RE            | C'D BY REGISTRA           | LVER SPR<br>AR 25b. REG                     | ING         | MARYLAN                     | ND   |
| 70  | -             | Manin II   | allin                     | 4748 (1)                                      | in Cine             | W O                   |                           | 968 20                                      | liarel      | an Carda                    |  |
| N F |               | 1  |                           | 111000  | - 005-17            | DAIL                  |                           |   | , ,         | 1                           |  |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21291 3207 13195 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOURM within 24 hours after deoth (Type or print) September 24 1968 Edward Theodore Likowski 12:30 5. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IE LINDER 24 HRS leose remove corbon papers. Pages I ond in ony event, within 72 hours afte completely filled in by the t last bythday) DAYS Male White MONTHS HOURS 12 June 1926 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED countain Pennsylvania USA Montgomery WIDOWED | DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Clinical Center Bethesda during mast of warking life, even if retired.) Baking Co. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Union admiew Jersev Linden 437 Rosewood Terrace YES X NO 14 FATHER'S NAME Middle Middle Lost 15. MOTHER'S MAIDEN NAME First John Likowski Prahogan Josephine 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death certificate Yes, no or unknown) a cremotion, or removal, 152-14-5325 The Clinical Center, NIH, Bethesda, Md. 20014 attending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. Cardiogenic shock. circulatory insufficiency 2 Hours IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the c buriol-tronsit pe burial, cremotio Conditions, if ony, which gave ) 22 Years Idiopathic Hypertrophic Subsortic Stenosis rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been s se as the t th priar to b Page 4 moy be retoined by the hospital or ottending 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES X NO | be detoched far use State Dept. of Health p 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M director, page 3 should be defoched should be filed with the State Dent of (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from Sep 10 , 19 68, ta Sep 24 , 19 68 , that (1) (we) last saw the deceased alive an September 24 19 68, and that in (20) (aur) apinian death accurred an the date and haur and from the 19 68, to Sep 24 19 60 , that \$1) (we) last TO FUNERAL DIRECTOR: After causes stated abave, (1) (we) (did) (did set) view the body after death 22b. SIGNAJURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 9/24/68 DEGREE PHYS. 22e. ADDRESSThe Clinical Center. National 22d. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Md. 20014 Charles L. McIntosh. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) 9/27/68 Burial Burial Rosedale Linden New Jerse Union 2So. REC'D BY REGISTRAR 1331 RockvilAPERESPike 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE SEP 2 6 Rockville, Maryland 1968 30M REV. 1/68 Tyson Wheeler

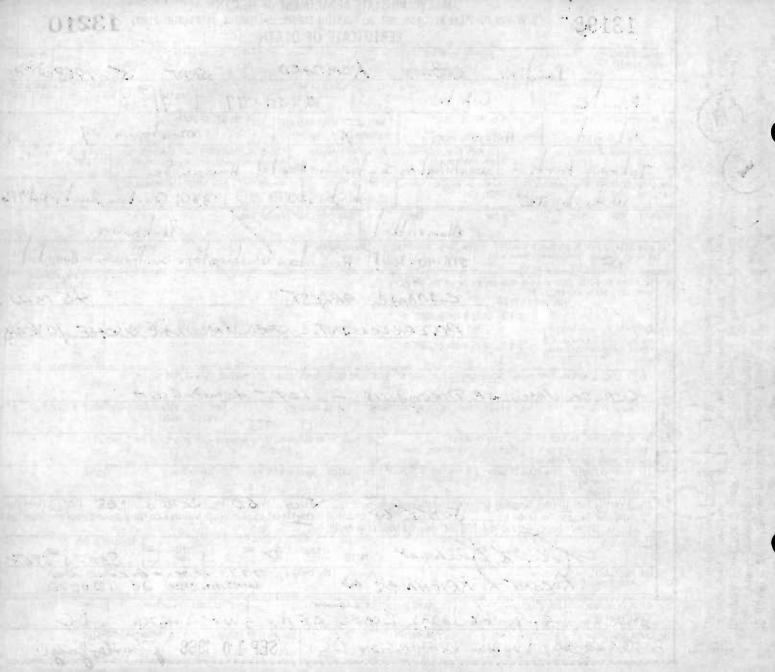
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|  | 1             | MARTLAND STATE DEPARTMENT OF REALTH  |       |
|--|---------------|--|-------|
| 12/ 4  |               | 13196 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120113208   |       |
| 10   |               | CERTIFICATE OF DEATH   |       |
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| certificate<br>graysicia<br>Then preus<br>moval, and   | 160           | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 87.0 Address Rudgeway 4.  | ve.   |
|  |               | es, no, ar unknown) (If yes are a water dotes of service) 159 16 5171 Mrs. mary Linds Ay 8703 Ridgeway a   | )     |
| her her  |               | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPPOXIMATE INTERVAL BETWEEN ONSET AND ORA  |       |
| e death o  |               | PART I DEATH WAS CALISED BY  | TH    |
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| ATTENDING PHYSICIAN: The law requires that the death etained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the aftendin shauld be detached far use as the burial-transit permit.  |               | lost. (c)  |       |
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| s la s b s b as  | 3             | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?   |       |
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| 是是<br>第二章  | MEDICAL       | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19   |       |
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| h h had  |               | While That while The Company of the Bulloing, ETC.   | 16    |
| te de  |               | al wark at wark —  |       |
| by be Sto  |               | 220. I certify that (I) (this hospital) attended the deceased from, 1954, to 9-22, 1968, that (I) (we) saw the deceased alive an, 1968, and that in (my) (cor) opinion death occurred on the date and hour and from  | last  |
| be ed he   |               | saw the deceased alive an  | 1 the |
| Fie Soft   |               |  |       |
| with Williams  |               | 22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED   | 0     |
| be be  |               | DEGREE PHYS. DIRECTOR PHYS. 1 9-22-6   | 8     |
| AI A   | 1             | 22d. PHYSICIAN'S NAME(Type) William G. Hall 22e. ADDRESS W. Montgomery Ave. Rockville. Md.   |       |
| Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending hysician administrator, page 3 should be detached far use as the burial-transit permit. Thereforese remave carbai should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, where the province of the contraction is the state Dept. at Health priar to burial, crematian, or remaval, and in any event, where the contraction is the contraction of the contraction  |               | NAME (Type) William G. Hall W. Montgomery Ave. Rockville, Md.  |       |
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| THE RESERVE THE PARTY OF THE PA | 24            | FUNERAL DIRECTOR  LABORES ROCKVILLE PROBLED BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  |       |
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|   |  |               | MARYLAND STATE DEPARTMENT OF HEALTH   |
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| h A   | E DE LA SECTION  |               | 13198 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13210   |
| 10  |  |               | CERTIFICATE OF DEATH  |
| نے  | 2 -  | 1. DE         | CEASED-NAME First \ Middle Last 2a. DATE OF DEATH 2b. HOUR  |
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| within  | Figure 11  | 10. C         | ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital duling mast of warking life, even if retired.)  12. USUAL OCCUPATION (Kind at wark dane give street) adding mast of warking life, even if retired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital duling mast of warking life, even if retired.)   |
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| exe   | e remave<br>in any ev  | 14. F         | ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last   |
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| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed | physician. signed by the attending physician oburial-transit permit. Then please burial, cremation, ar remaval, and it   | 16a.<br>Y     | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT across of service) 578-40-3061 Records was hington Sanifarium - Hoop. 1-1.   |
| erti  | ph<br>hen<br>nave  |               | APPROXIMATE INTERVAL  |
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| dec   | attendi<br>ermit.<br>on, ar r  |               | 14/29 DUE TO, OR AS A CONSEQUENCE OF  |
| the   | the cation attorned  | A             | Conditions, if any, which gave) APTPOSCIEDOTIC CARDINAGE ILLAR NOCOLET IN VONE  |
| that  | by the rans  |               | rise to immediate cause (a), (stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF   |
| res   | physician.<br>signed by the<br>burial-transit<br>burial, crema   |               | ast. 4   (c)  |
| dui   | physicia<br>signed 1<br>burial-tr<br>burial, c   |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  |
| × 75  | ding<br>een<br>the<br>r ta   | NO            | CEREBRO VASCULAR THROMBOSIS - LEFT HEMIFIEGIA   |
| 0   | spital or attending<br>artificate has been<br>ed far use as the<br>of Health prior ta  | CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  |
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| AN  | al o<br>icate<br>far<br>Hea  | AL C          | 21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   |
| S   | spit<br>ertif<br>ed<br>. of  | MEDICAL       | (If either, natify medical examiner) P.M. 19  |
| F   | Page 4 may be retained by the hospital or attending physician. <b>10 FUNERAL DIRECTOR:</b> After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept. of Health prior ta burial, cre-   |               | 21d. INJURY OCCURRED  At while at wark  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  At HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street ar R.F.D. No. City ar Tawn Caunty State  At work   |
| <u>8</u>  | by the contract of the contrac | 37            | 22a. I certify that (1) (this haspital) attended the deceased from Turk, 1960, to Sept. 1968, that (1) (we) las   |
| END   | R: Al  | 7             | saw the deceased alive an   |
| A   | retained<br>RECTOR: A<br>3 shauld<br>with the  |               | 22b. SIGNATURE 22c. DATE SIGNED   |
| S.  | be red w   |               | Start & Goccline DEGREE PHYS. DIRECTOR |
| IAI   | AL C<br>Pogg<br>P fille  |               | 22d. PHYSICIAN'S NAME (Type) ROBERT & KRING HARAGE MED 22e. ADDRESS 7733 ALABKA AVENUE N.W.   |
| ISPI  | Page 4 m O FUNER, director, shauld b   |               | TODER N. INCHINA  |
| 5   | FG<br>Jirec<br>Shau  | 23a.          | BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  REMOVAL (Specify) 9-9-68 ADAS ISRAFL CEM. WASHINGTON DC  |
| 2   |  | 24            | FINERAL DIRECTOR ADDRESS - 250 REC'D RY REGISTRAR 250 REGISTRAR'S SIGNATURE   |
|   | VR A15 (4)<br>30M REV. 1/68  | E             | BIDANZAINSKY +50 NS. WASHINGTON OC DATESEP 10 1968 golionles Junge  |
|   |  |               |   |



|  | Et.           | ems 18&22a Film 405 MARYLAND STATE DEPARTMENT OF HEALTH<br>-11,68, amplivision of vital records, 301 W. Preston Street, Baltimore, Maryland 21201  | 3211  |
|--|---------------|--|---|
| FOR STATE  |               | MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | ) CII   |
| HEALTH DEPT.   |               | DECEASED-NAME First Middle Lost . 20. DATE KNOWN Month Di  | oy Yeor 2b. HOUR                                |
| oy is  |               | I HARGUAND LOOMS DEATH MATED SAPA  | 21 1968 11. FM                                  |
| delay<br>and 3<br>M3. P  | 3.5           | loss birthday) Months Days Hours Min. Manth Day  | Yeor / V /3 03                                  |
| 7 2  | 70            | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH,   | 1968 12 M                                       |
| S J S J S J S J S J S J S J S J S J S J  | COUR          | 11/2 Corke USA WIDOWED DIVORCED MONTEON FRE  | Md  |
| death.   | 10.           | OTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION, Kind of work done 1/2  | 2b. KIND OF BUSINESS OR                         |
| r de live P wig withe  | 1             | thesas Hebertan Hospilal Housewife   | IDUSTRY   |
| 1 24 haurs after death. In Item 18. Give Pages 1, 2, ler's Office along with form I get 1 three with the State Depondrs after death.   | 130.          | USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13g CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER decision) STATE YES NO 7/08 Beacher  | sod Drew  |
| Heaven Heaven  | 14. F         | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  | / Lost  |
| hin 24<br>ncil in<br>niner's<br>pages<br>hours   | 160           | WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS GUA  | PHUNTER.  |
| ithin 2.<br>bencil in<br>aminer's<br>pages<br>2 hours  |               | (es, no, or unknown) (if yes give wor or dottes of service) - Thillip A. Lornis Jo hush  | ende  |
| ed with in period in period in 72 in 72  |               | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| executed<br>nding" ii<br>Medical<br>permit.  |               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pkhaird Fatty metamorphosis of liver  |   |
| exemple end f Me   |               | 571. O DUE TO, OR AS A CONSEQUENCE OF  |   |
| d be<br>d 'p<br>Chie<br>rrans  | - 80          | Conditions, if ony, which gove rise to immediate couse (a).  (b) Acute alcoholism  DUE TO, OR AS A CONSEQUENCE OF  |   |
| This certificate shauld be executed within cate, writing the ward "pending" in pencil be farwarded to the Chief Medical Examine I be used as a burial-transit permit. File pagar removal, and in any event within 72 hou   | 13            | stoting the underlying couse DUE IO, OK AS A CONSEQUENCE OF last.  |   |
| te sl<br>the<br>d to<br>d bu   | 1             | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)   |   |
| ifica<br>iting<br>ardec  | N             | 581.1  |   |
| nis certificate tte, writing the farwarded to be used as a b removal, and  | CERTIFICATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  | 20. AUTOPSY?                                    |
| This cate be for real  | ERTIF         | 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item  | YES A NO  |
| ITY DICAL EXAMINER: This certificate shauld be executed within 2 by, please execute the certificate, writing the ward "pending" in pencil is aral director. Page 4 shauld be farwarded to the Chief Medical Examiner be retained for your files.  RAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File page priar to burial, cremation, ar removal, and in any event within 72 hour  | MEDICAL       | PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M.: 19  | 10.)  |
|  | ME            | 21d. INJURY OCCURRED  WHILE NOT WHILE NOT WHILE foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town   | County Stote                                    |
| L EXA<br>ecute<br>Page<br>ar yau<br>R:Pag  |               | AT WORK LL AT WORK LL  |   |
| exe exe of for Part of the Par |               | 220. I certify that I toak charge of the remoins described obove, held an Autopsy , Inspection Inquiry death resulted from: Natural causes , Accident , Suicide , Hamicide Undetermined manner   | and in my opinion                               |
| lease directory trained birket   | 1             | CHIEF MEDICAL EXAMINER   |   |
| ple al did   |               | ACTUAL SIGNATURE Ookn. S. BellM.D. ASSISTANT MEDICAL EXAMINER \[ \sqrt{22b. Date signature}  | SNED  |
| necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem   |               | EXAMINER'S NAME (Type)  John G. Ball  DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)  | 22.1968.  |
| TO D<br>The  | 230           | BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C   | County) (Stote)                                 |
|  |               |  | Georges Co.                                     |
| VO ATENE (ED D   | 24.           | FUNERAL DIRECTOR CAWLER'S Sons, Inc., ADDRESS Wisc. Ave. 250. RECT BY REGISTRAR SIGNATURE OF THE PROPERTY OF T |   |
| VR A15ME (5)   |               | N.W. Wash., D.C., 20016   DASEP 2 6 1968   Charles   | Jan Jan   |

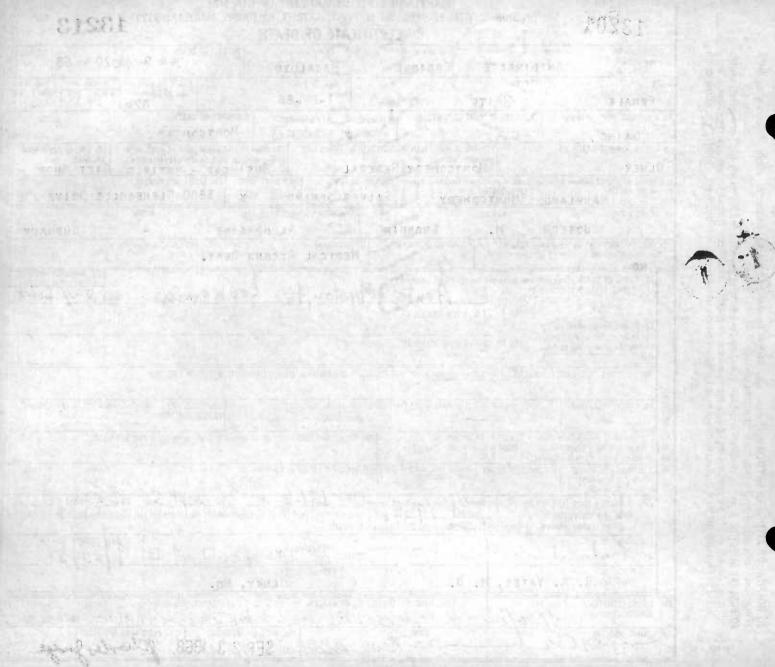
THE COUNTY OF ESTATE PROPERTY CONTINUES OF THE PARTY OF 

| _  | MARYLAND STATE DEPARTMENT OF HEALTH  |     |
|--|--|-----|
| A CONTRACTOR OF THE PARTY OF TH | 13200 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13212  |     |
| 0  | CERTIFICATE OF DEATH   |     |
| # ~ ~ # ·  | DECEASED-NAME First Middle Lost 2a. DATE OF DEATH Year O 2b. HOU   | 2   |
| death<br>ond<br>death  | ANCIS ACCIONAL SOLUCION SR. 7 2/ 60  | M   |
| E NEW E  | A. RACE  A. RACE  S. DATE OF BIRTH  C. 3 1900   6. AGE (In years   if under 1 year   if under 24 His under 24 | RS. |
|  | 11/000 101/1CE 19-0-1/00 00 185  |     |
| or con   | BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  |     |
| 24 hind in pers. 72 h  | 1110- Morde 45 A WIDOWED DIVORCED 1/100 COON ERCL  | Md. |
| ted within 24 plately filled is corbon paper vent, within 72   | CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)  120. USUAL OCCUPATION (Kind of work dane give street address)  12b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY  INDUSTRY  |     |
| The second of th | ARITERIA SUBURDUNI   |     |
| bing PHYSICIAN: The law requires that the deoth certificite be executed within 24 hours after death by the hospital or attending physicion.  After this certificate has been signed by the attending physician and completely filled in over functoral be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages of one State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death  | 2. USUAL RESIDENCE TWhere deceased lived, if institution Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e TREET AND NUMBER 7 FEB NO  |     |
| con<br>con<br>con  | 110. Morae Serminown = - DOX on M. d.  | _   |
| and ren  | FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last   |     |
| ign<br>ose   | a. WAS DECEASED EVERAN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address   | ~   |
| al ysic  | Yes, marganknawn) (If yes give war at dates of service) 579-44-6363  | o   |
| certi<br>p ph<br>hen<br>nov  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ORSET AND OFFATH   | _   |
| ding the region of the region  | PART I. DEATH WAS CAUSED BY:   | 5   |
| dec<br>iften<br>ermi   | 398 × DUE TO, OR ASA CONSEQUENCE OF  | -   |
| the chip atio  | Conditions, if any, which gave) 11 No marches Carolina Carolina Deposit Syra   | LA  |
| that<br>in.<br>ons<br>rem  | rise to immediate couse (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF   | -   |
| sicio<br>ed b<br>al-tr   | last. 416X   |     |
| ATTENDING PHYSICIAN: The law requires that the deoth certifetoned by the hospital or attending physicion. CTOR: After this certificate has been signed by the attending physhould be detoched for use as the burial-tronsit permit. Then ith the State Dept. of Health prior ta burial, cremation, or remova   | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)   |     |
| ing ing  | Prostate by pertrophy  |     |
| lay<br>tend<br>s be<br>as t<br>as t  | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Foter nature of injury in Part 2 are 18.1)   |     |
| The set of   | YES NO NO ON ORDER OF DEATHER  |     |
| AN:<br>DI oli<br>Icate<br>for Hea  |  |     |
| SICI<br>Spite<br>spite<br>entiff<br>ed t   | (If either, natify medical examiner) P.M. 19   | -   |
| ho is controlled   | While Not while (OFFICE BUILDING, ETC.   |     |
| OR ATTENDING PHYSICIAN: be retoined by the hospital or JIRECTOR: After this certificate is 3 should be detoched for u ed with the State Dept. of Heal  | of work at work —  |     |
| Afte Afte Sto  | 220. I certify that (I) (this hospital) attended the deceased from 1965, to 26, 1968, that (I) (we) sow the deceased alive on 25 1968, and that in (my) (our) opinion death accurred on the date and hour and from   | the |
| OOR:   | couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth.   |     |
| Will Figure 1  | 22b. SIGNATURE    Comparison   Degree   ATTENDING   MED.   STAFF   PHYS.     PHYS.   |     |
| L OR<br>be r<br>DIRE   |  | _   |
| moy<br>RAL<br>Pe f<br>be f   | 22d. PHYSICIAN'S JOHN FAWCETT 22e. ADDRESS Dawsonsville, Maryland  |     |
| TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health  | a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)   | =   |
| Page Aire  | REMORUMPICAL 9/30/68 Darnestown Darnestown, Montg. Md  |     |
|  | FUNERAL DIRECTOR STREET FOR THE PARTY THORES ADDRESS DOOL POLICY OF THE PARTY SIGNATURE 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE  |     |
| VR A15 (N) O<br>30M REV. 1 (8)   | TYSON WHEELER FUNERAL HOME 1331 Rock, Pike DAY SEP 3 0 1968 Icharles Judge   |     |

have a compared guidance in the same a set that one of the 5 m Frant , MI Evacons all propagation ( 80) 100 Tairmenton Del medit den incention inc The same range of the same that the same of the same o

| 1  |               | 13201  | DIVISION OF VI  | TAL RECORDS, 3                                 | 801 W. PRE<br><b>ERTIFICA</b> | STON STREET, BAI                   | LTIMORE, M<br>        | IARYLAND 21201  | 3213                                   | 2                                 |
|--|---------------|--|---|--|-------------------------------|------------------------------------|-----------------------|---|--|-----------------------------------|
| ad completely filled in by the funeral and 2 and | 1. DE         | ima or nrint)  | irst<br>NTOINETTE                                     | Middle<br>CORINNE                              |                               | Last<br>MACALUS O                  | 2a. DATE              | OF DEATH Month 9 Doy  | 20 Yeor 68                             | 2b. HOUR                          |
| Poges 1  |               | FEMALE   | 4. RACE WHITE   |  | S                             | 1-29-86                            | Marie 1               | 6. AGE (In years last birthday) 82 RS.                      |  | UNDER 24 HRS. HOURS MIN.          |
|  | 7a. E         | BIRTHPLACE (Stote or foreign of try)  MAINE  | 7b. CITIZEN OF WHAT                                   |  | WIDOWED X                     |                                    | 9. COUNTY MONT        | OF DEATH<br>GOMERY  |  | Md.                               |
| any event, within  | 0             | ITY OR TOWN OF DEATH   | give stre   | OF HOSPITAL OR INST<br>et oddress)<br>ITGOMERY |                               | in hospitol 120. US<br>during<br>B | Mast of warki         | ON (Kind of work done ng life, even if retired.)  - RETIRED | 12b. KIND OF BU<br>INDUSTRY<br>GIFT SH |                                   |
| tue 15   |               | USUAL RESIDENCE (Where de ission) STATE MARYLAI                                      | 13b. COUNTY   | Residence before                               | SILVER                        | OWN 13d. INSIDE CIT                | Y LIMITS? 13e.        | STREET AND NUMBER   | LES DRIV                               | E                                 |
| (in all )  | 14. F         | FATHER'S NAME First  JOSEI   |   | GROND I  | N                             | MOTHER'S MAIDEN NAME               | First ONS INE         | Middle  | Dup                                    | Lost<br>HAUX                      |
| n please   |               | WAS DECEASED EVER IN U.S. (es, no, or unknown) (If yes                               | ARMED FORCES? give war or dates of service)           | b. SOCIAL SECURITY NO                          |                               | ORMANT<br>DICAL RECO               | RD DEPT               | Address   |  |                                   |
| burial, cremation, or remayal, and in any event, within  |               | 18. CAUSE OF DEATH (Ente   | DUE TO, OR AS A                                       | Acute<br>A CONSEQUENCE OF                      | Mye                           | elocytic                           | Leuk                  | emia  | APPROXIMAT<br>BETWEEN ONSE<br>3-4      | E INTERVAL<br>I AND DEATH<br>WKS, |
| r ta burial, cre   | NO            | stating the underlying collost.  PART 2. OTHER SIGNIFICANT 2043                      | (c)CONDITIONS CONTRIBUTION                            |  |                               | 1636701                            |                       |   |  |                                   |
| Z X  | CERTIFICATION | .~   | 19b. CONDITION FOR WHICH                              |  |                               | 20o. AUTOPSY?  YES NO              | CAU                   | . IF YES, WERE FINDINGS CO<br>ISES OF DEATH?                |  | IFYING                            |
| State Dept. of Health prior to   | MEDICAL CE    | 21a. ACCIDENT WAS UNDER<br>OR CONTRIBUTING CAUSE OF<br>(If either, notify medical ex | F DEATH HOUR A.M.                                     | Month Doy Yeor                                 | M US                          |                                    |                       | njury in Part 1 or Port 2, I                                | tem 18.)                               |                                   |
|  | W             | While Nat while at work of wark  | (0)   | FICE BUILDING, ETC.                            |                               | ATION Street or R.F.D.             |                       | City or Town  | County                                 | Stote                             |
| with the Stat  |               |  | (this haspital) attended alive an ave, (l) (we) (did) | 12 19 19                                       | La and                        | that in (my) (aur) a<br>ath.       | , ta_<br>apinian deat | h accurred an the da  | 1                                      | ) (we) last<br>id fram the        |
|  |               | 22b. SIGNATURE 22d. PHYSICIAN'S  | e a fal   | 5 hs   | DEGREE                        | ATTENDING PHYS. 22e. ADDRESS       | MED.<br>DIRECTOR      | STAFF D 22c.  | 20 6                                   | €                                 |
| shauld be filed  | 230           | NAME (Type) R. A   | YATES, M.   | D.   | EMETERY OR (                  | OLN                                | EY, MD.               | ATION (City or Town)  | (County)                               | (State)                           |
|  |               | REMOVAL (Specify)  | 1/20/68   | GEO.CO   | ASH. UX                       | IN. MES. SO                        | CHOOL 1               | 335 H 57. W.  | SIGNATURE                              | 54 D.C.                           |
| A15 [4]<br>REV. 1/68   | /             | par BO   | Le Lum  |  | 550C-1                        | PROS DATE SI                       | EP 23                 | 1968 Rcha   | what Jud                               | ge.                               |

MAKTLAND STATE DEPARTMENT OF HEALTH



|     |               |   |   | MARYLAND  | STATE DI        | EPARTMENT O          | OF HEALT         | Н                      |                 | 100 mm          |                               |
|-----|---------------|---|---|---|-----------------|----------------------|------------------|------------------------|-----------------|-----------------|-------------------------------|
| MO. |               | 13202   | DIVISION OF V                           | /ITAL RECORDS, 3                                      | 01 W. PRE       | STON STREET, B       | ALTIMORE         | , MARYLAND 2           | 1201            |                 |                               |
|     |               | 10201   |   |   |                 | TE OF DEAT           |                  |                        |                 | 132             | 14                            |
|     | 1. DE         | CEASED-NAME First   |   | Middle  |                 | Last                 |                  | DATE OF DEATH          |                 |                 | 2b. HOUR,                     |
| ١   |               | pe ar print)  | سيم ره :                                | =   | MA              | 97, m                |                  | Month                  | Doy /           | Yeor,           | 4/10                          |
| ŀ   | 3. SE         | 1 St UL   | 4. RACE                                 |   | 5               | BATE OF BIRTH        |                  | 6. AGE (In             | venrs IF        | UNDER 1 YEAR    | IF UNDER 74 HRS.              |
| 1   | 0. 52         | Emalle  | 11)                                     | 1.1-  | 3               | 2/2/                 | 101              | last birtha            | (QY) MOI        |                 | HOURS MIN                     |
| H   | 7- 0          | IRTHPLACE (State or foreign                                       | The CITIZEN OF WILL                     | 7: TE   |                 |                      | 100              | NTY OF DEATH           | YRS.            |                 |                               |
|     | (aun          |   | 7b. CITIZEN OF WHA                      | AT COUNTRY?   |                 | NEVER MARRIED        | y. Cour          | 4.0                    | ÷               |                 |                               |
| ł   | 10.6          | D.C.  | USH                                     | UF OF HOSPITAL OR INST                                | WIDOWED         | DIVORCED             | HOUAL OCCU       | PATION (Kind of wo     | tgomer          | 4               | Md.                           |
| i   | 10. C         | TY OR TOWN OF DEATH   |   | ME OF HOSPITAL OR INSTI<br>reet address) /            | 1               | durir                | ng most af w     | ration (kind of wo     | retired.)       | 12b. KIND OF BI | USINESS OR                    |
|     | 10            | JILVER V7   | 52129                                   | HOLV  | CROS.           | 5                    | HOUS.            | EWITE                  |                 | own h           | ane                           |
| ŀ   | odmi          | USUAL RESIDENCE (Where deceders)                                  | Jab. COUNTY                             | n: Residence before                                   | 13c. CITY OR TO | YES RE               |                  | 13e. STREET AND NU     | MBER            | -111.           | 1101                          |
| ١   |               | MALVIALS  | I'k                                     | ntaonery-   | TREKU           | 0556                 |                  | 100                    | HURL            | 4/1             | LL Ra.                        |
|     | 14. F         | ATHER'S NAME First  | Middle                                  | Lost  | 15. N           | NOTHER'S MAIDEN NA   |                  |                        | Middle          |                 | Last                          |
|     |               | James   | H.                                      | Cross   |                 |                      | Ella             |                        | P.              |                 | rimes                         |
|     |               | WAS DECEASED EVER IN U.S. AR<br>es, no or unknown) { (If yes give | MED FORCES?<br>war or dates of service) | 16b. SOCIAL SECURITY NO                               |                 |                      |                  | A                      | Address Gre     | enbelt          | , Md.                         |
|     |               | No  |   | 578-12-023  | 19 Fra          | incis M. C           | lagrum           | 15L Lan                | rel Hi          | U Roa           | d                             |
|     |               | 18. CAUSE OF DEATH (Enter o                                       | nly ane cause per line                  | far (a), (b), and (c).)                               |                 |                      |                  |                        |                 |                 | NTE INTERVAL<br>SET AND DEATH |
|     |               | PART I. DEATH WAS CAUSI   | ED BY:<br>IATE CAUSE (o)                | Medalla   | 49 6            | THIMOMA              | of               | Ovary                  |                 | 15              | mas.                          |
| 5.1 |               | 1830  | DUE TO, OR AS                           | A CONSEQUENCE OF                                      |                 | 100                  |                  |                        | Mark.           |                 |                               |
|     |               | Conditions, if ony, which gove                                    | (b)                                     |   |                 |                      |                  |                        |                 |                 |                               |
| 8   |               | rise to immediate cause (a),<br>stoting the underlying couse      |   | A CONSEQUENCE OF                                      |                 |                      |                  |                        |                 |                 |                               |
|     |               | last.   | (c)                                     |   |                 |                      |                  |                        |                 |                 |                               |
|     |               | PART 2. OTHER SIGNIFICANT CO                                      | NDITIONS CONTRIBUTI                     | NG TO DEATH BUT NOT                                   | RELATED TO TI   | HE TERMINAL DISEASE  | OR CONDITIO      | ON GIVEN IN PART 1(    | a)              |                 |                               |
|     | ~             | 1750  |   |   |                 |                      |                  |                        |                 |                 |                               |
|     | ATIO          | 19a. DATE OF OPERATION 19b  | CONDITION FOR WHIC                      | H OPERATION WAS PERF                                  | ORMED           | 20a. AUTOPSY?        |                  | 20b. IF YES, WERE F    | INDINGS CONS    | IDERED IN CER   | RTIFYING                      |
|     | CERTIFICATION |   |   |   |                 | YES 🔀 NO             | 0 🗇              | CAUSES OF DEATH?       |                 |                 |                               |
|     |               | 21a. ACCIDENT WAS UNDERLYI  |   | INJURY  | 21c. HOW        | INJURY OCCURRED      | -                | of injury in Port 1 of | or Part 2, Item | n 1B.)          |                               |
|     | MEDICAL       | OR CONTRIBUTING CAUSE OF DE                                       | HOUR A.M.                               | Manth Day Year  |                 |                      |                  | Fedt vo                |                 |                 |                               |
|     | MED           | (If either, notify medical exam<br>21d. INJURY OCCURRED 21e       | 1                                       | AT HOME, FARM, STREET, FACTO<br>OFFICE BUILDING, ETC. | RY.) 21f. LOCA  | TION Street or R.F.D | D. Ng.           | City or Town           | (               | County          | State                         |
|     | 717           | While Mat while   | (                                       | OFFICE BUILDING, ETC.                                 | /               |                      |                  | , 101111               |                 | ,,,,,           |                               |
|     |               | 22a. I certify that (I)-(H  | his hamitally atta                      | nded the deceased                                     | from            | 4577                 | 1967             | to @/1                 | 1/ 19/5         | that /          | (I) (we) last                 |
| 1   |               | saw the deceased  | alive an                                | 9/24 19   | 69, and f       | hat in (mv) Lour     |                  |                        | n the date      | and haur a      | nd fram the                   |
|     |               | causes stated abay  | e, (1) (we) (did) (                     | did not) view the be                                  | ady after dec   | ath.                 | ,                |                        |                 |                 |                               |
|     |               | 22b. SIGNATURE  | 7                                       | 10  | /               |                      | / MED            | CTACC                  | 22c. DAT        | E SIGNED        | 66                            |
|     |               | 10  | frances                                 | 1904  | DEGREE          | ATTENDING PHYS.      | MED.<br>DIRECTOR | STAFF PHYS.            | 191             | 24/6            | 90                            |
|     |               | 22d. PHYSICIAN'S  | 101                                     | 1   |                 | 22e. ADDRESS         | 0                | + (1 )                 | C . 1           | C               | MI                            |
|     |               | NAME (Type) G. Le   | nnard Gold                              | i .   |                 | ya. &                | tores            | t Glen Rd              | · Silo          | Spr.            | Md.                           |
|     | 23a.          |   | DATE                                    | 23c. NAME OF CE                                       |                 |                      | 23d.             | LOCATION (City or To   | , '             | (Caunty)        | (State)                       |
|     |               | KENGYALERECY) 9   | -27-1968                                |   | rcoln (         | enetery              |                  |                        | e Geor          |                 | arylan                        |
|     | 240           | FUNERAL DIRECTOR  | C. Glen C.                              | arter ADDRESS   | - 1-2           |                      | C'D BY REGIS     |                        | GISTRAR'S SIG   |                 |                               |
|     | We            | rner E. Pumph   | rey. Inc. 8                             | 3434 Ga. A.   | ve.S.S.         | Md. DATE             | SEP 2            | 7 1968                 | Clean           | Cay Jus         | 452                           |

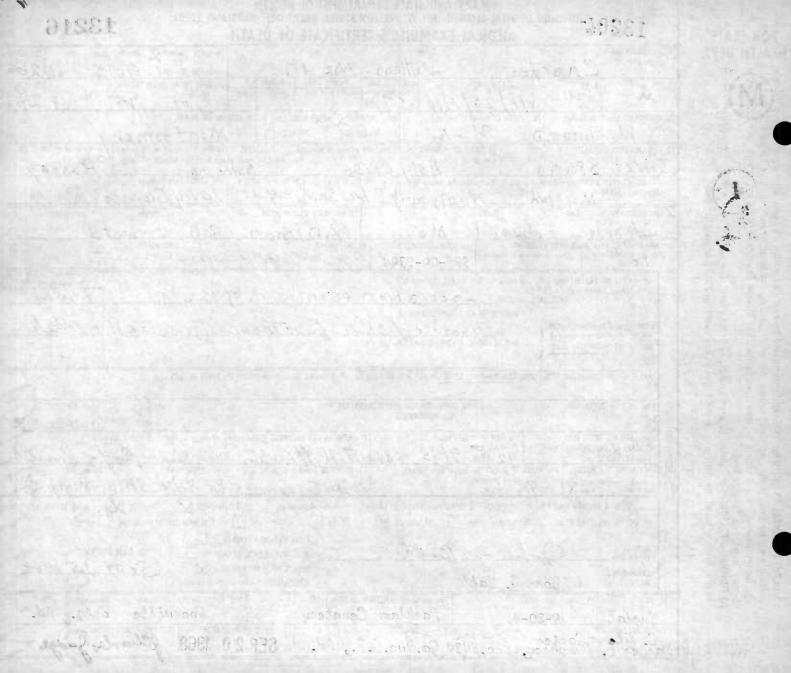
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| 1           | MARYLAND STATE DEPARTMENT OF HEALTH  |   |
|-------------|--|---|
| TE          | 13203 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  | 13215   |
| _           | MEDICAL EXAMINER 3 CERTIFICATE OF DEATH  |   |
| 1.          | OF ESTI-   | 20 60   |
| 3           | Aloysius Marceron DEATH MATED SEPT.  3. SEX 4. RACE S. PATE OF BIRTH 100 6. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD  | 18 168 26 HOUR                                  |
|             | Male Cau (ast banday) (ast band | Year 1968 8P M                                  |
| 0           | 76. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  COUNTY)  Washington.  C. USA  WIDOWED DIVORCED Montgomery   | M   |
| perch       |  | NIND OF BUSINESS OR                             |
|             | The state of the s | a.S.you't.                                      |
| 5           | 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN  admission) STATE  13b. COUNTY  Montgomery Silver  SFEX NO   10513 Proctor  | st.   |
| 1 1         | 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Julian Marceron Lillian  | passaciley .                                    |
| 1           | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, pp-or unknown) (If yes give war or dates of service) 1493–20–6322 17. INFORMANT.  (Yes, pp-or unknown) (If yes give war or dates of service) 1493–20–6322  | tson<br>boocoboogoo                             |
| -           | 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
|             | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) My randual Say will acute   |   |
|             | 4/09 DUE TO, OR AS A CONSEQUENCE OF  |   |
|             | rise to immediate couse (a), (b) which gave  |   |
|             | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF  |   |
|             | (c) [PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |   |
|             | 4201 Parking miner   |   |
| TO LA CALLO | 190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21d. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item)  | 20. AUTOPSY? YES NO                             |
|             |  |   |
| MEN         | PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK  AT WORD | County State                                    |
|             | 22a. I certify that I took charge of the remains described above, held on Autopsy X, Inspection X, Inquiry X,  | ond in my opinion                               |
|             | deoth resulted from: Natural couses X, Accident , Suicide , Hamicide , Undetermined manner   | ]   |
|             | CHIEF MEDICAL EXAMINER   |   |
|             | SIGNATURE  | NED   |
| )-          | EXAMINER'S NAME (Type)  2 bhr G. Ball  DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, tawn, or county)   | 168   |
| =           | 23g. BURIAL CREMATION.   23h. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City or Town) (Co.  | ounty) (State)                                  |
|             | REMOVAL (Specify) Sept. 23 '68 Gate of Heaven Sil Spr. Mon   |   |
|             | 24. FUNERAL DIRECTOR M. Andrew Dubat Chalanter Duvall   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGN  | NATURE  |
|             | Warner E. Pumphrey. Inc. 8434 Ga. Ave. S. S. Md. DATE SEP 2 5 1968 Julian  | 10  |

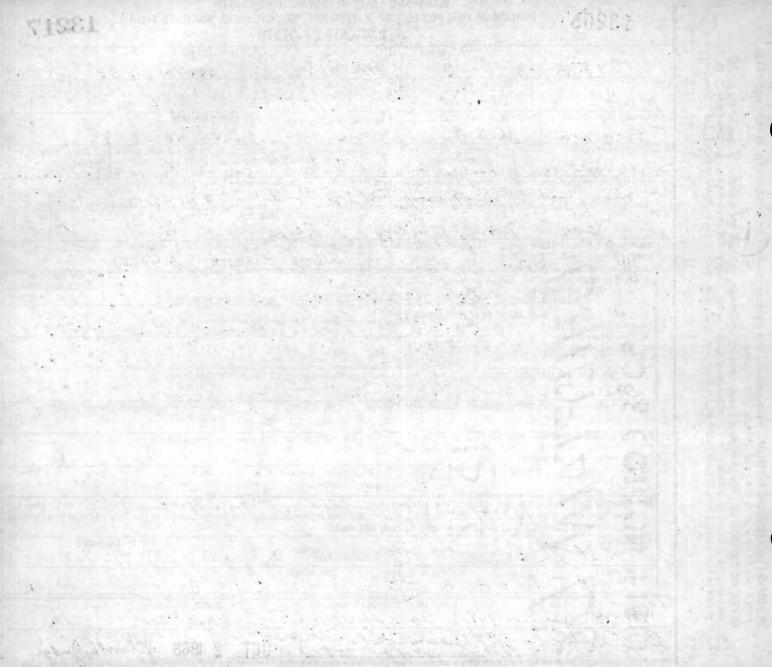
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13216 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN HEALTH DEPT DECEASED-NAME First (Type or Print) ESTI-CURIL 0 DEATH MATED AGE (In years 4. RACE DATE PRONOUNCED 3. SEX HOURS M. YRS 9. COUNTY OF DEATH MARRIED NEVER MARRIED 7a. BIRTHPLACE (State or foreign form WIDOWED Give Pages 120. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY 10114 Greenock hours in Item ofter 14. FATHER'S NAME OU Offi el UV Di hours pages be executed within in pencil (Yes, ag, ar unknawn) (If yes give war or dates of service) 25 File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). BETWEEN ONSET AND OEATH permit. PART I. DEATH WAS CAUSED BY pending Laceration. + Contusion of IMMEDIATE CAUSE (a) of SKULL from Troums from Fall burial-transit Conditions, if ony, which gove rise ta immediate couse (o) writing the word ony This certificate should stating the underlying couse .5 forworded to and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 05 removal. used 2D. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NO X YES please execute the certificate. be should be 0 21a, EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, 239.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, affice building, etc.) WHILE NOT WHILE AT WORK Silver SPring Montgomei buriol 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection M Inquiry 1 and in my apinian the funerol director. Accident X retoined Natural causes Suicide Hamicide | Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Heolth ADDRESS(Street, city, town, or county) NAME (Type) 50 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (Stote) BURIAL, CREMATION 23b. DATE REMOVAL (Specify) Md. Parklawn Cemetery Monta. 9-20-68 2Sq. REC'D BY REGISTRAR 24. FLINERAL DIRECTOR 2Sb. 1968 VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



|                       | 1             | MARYLAND STATE DEPARTMENT OF HEALTH   |       |
|-----------------------|---------------|---|-------|
| 1                     |               | 13205 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 , 13217   |       |
| ~ .                   | 1 D           | DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOL   |       |
| l and 2<br>ter death. |               | Type or print)  | UK    |
| 5                     | 3. S          |   | HRS I |
|                       | L             | Male white 9/25/92 last bythday) HOURS HOURS  | MIN   |
|                       | 70.           | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH   |       |
|                       | (00           | WILDOW DIVORCED MONT domeRY   | Mo    |
| 10                    | 1             | CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g, USUAL OCCUPATION (Kind of work dane give street oddress)  12. KIND OF BUSINESS OF INDUSTRY  | R     |
| , ,                   |               | I. USUAL RESIDENCE (Where decreased lived, if institution: Residence before   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   | 1.1   |
| 15                    | adm           | mission) STATE Mark and 13b. COUNTY onto dancery Take one YES NO 77/16 reenth and Aug   | )     |
| 1                     | 14.           | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost  |       |
|                       |               | James Zim McCally Nanny Llay  | 2     |
|                       | 160           | a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dottes of service)  Address  Address  Address  ACALLER  CALLER  ACALLER   |       |
|                       | H             | 000 000   | _     |
|                       |               | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY.  | H     |
|                       |               | IMMEDIATE CAUSE (a) LE REBYAL VASE WIAR WELLIGENT LARS  |       |
|                       |               | Onditions, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave)   |       |
|                       |               | rise to immediate cause (a),  |       |
|                       | 10            | stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF  |       |
|                       |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  | _     |
|                       |               | Dishatas amallities Prostiti II as IT   |       |
|                       | TION          | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING   |       |
| X                     | CERTIFICATION | YES NO NO CAUSES OF DEATH?  |       |
|                       | CERT          |   |       |
|                       | MEDICAL       | ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examiner) P.M. 19   |       |
|                       | MED           | 21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State  OFFICE BUILDING, ETC.  | te    |
|                       |               | ot work at work   |       |
|                       |               | 22a. I certify that (I) (this haspital) attended the deceased from 10/10, 19/10, ta 9/28, 19/00, that (I) (we) saw the deceased alive an 19/00, and that in (my) (our) apinian death occurred an the date and haur and from | las   |
|                       |               | saw the deceased alive an 1963, and that in (my) (our) apinian death occurred an the date and haur and fram   | the   |
|                       |               | causes stated abave, (1) (we) (did) ( <del>did nat</del> ) view the bady after death.  22b. SIGNATURE) 22c. DATE SIGNEO   |       |
|                       |               | 22b. SIGNATURE)  12b. SIGNATURE  12c. DATE SIGNED   |       |
| 1                     |               | 22d. PHYSICIAN'S 22e. ADDRESS   | 12    |
| -                     |               | NAME (Type) R.T. BenACK MD 4115 Colie DRIVE, Wheaton, me  | Ý.    |
|                       | 230           | D. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)   |       |
|                       |               | REMOVAL Special Col. 1. 1968 Dork Ling Coly Similar Colman Manon. My  |       |
| 0                     | 24.           |   |       |
| 1                     | 10            | Wehar Walkers Washington at 200/2 DATE OCT 2 1968 Schools Judge   |       |



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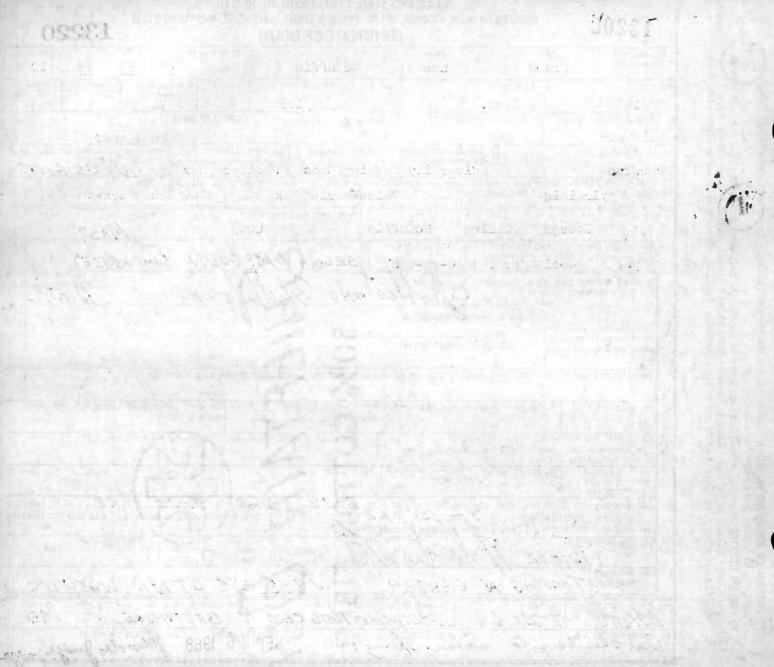
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 13219 13207 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Henry T. MCCURDY III Sept 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 24 HRS. last birthday) Male Cauc May 19, 1968 ety filled in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED X country) Florida Montgomery USA WIDOWED [7] DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Naval Hospital Bethesda during most of working life, even if retired.) burial, cremation, ar removal, and in ony event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER xecuted odmission) STATEFlorida 13b. COUNTY Pensacola YES NO 3005 N. P Street signed by the ottending physicion and computed burial-transit permit. Then please remove 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle MCCURDY, Jr. Henry T. Mary Alice HOPKINS requires that the death certificate be 17. INFORMANT Pensacola Florida 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes no or unknown) 1 (If yes give war or dates of service) Henry T. McCurdy, Jr. 3005 N. P Street N/A 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Status post operative cardiac surgery for congenital pulmonary valve atresia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the Stote Dept. of Heolth prior to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY: Limited 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes YES X 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while at work 220. I certify that (1) (this hospital) attended the deceased from Sept. 10, 1968, to Sept. 16, 1968, that (1) (we) last saw the deceased alive on Sept. 16, 1968, and that in (1) (our) opinion death occurred on the date and hour and from the causes stated abave, (t) (we) (did) (did pat) view the body after death. 22b. SIGNATURE. 22c. DATE SIGNED ATTENDING PHYS. STAFF PHYS. Sept. 17, 1968 DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S William R. Hicks, M. D. NAME (Type) Naval Hospital. Bethesda. Md. 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) Pensacola, Florida Barrancas National Cemetery 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 SEP 20 Ocharles Judge 30M REV, 1/68 7557 Wisconsin Ave., Bethesda, Md.

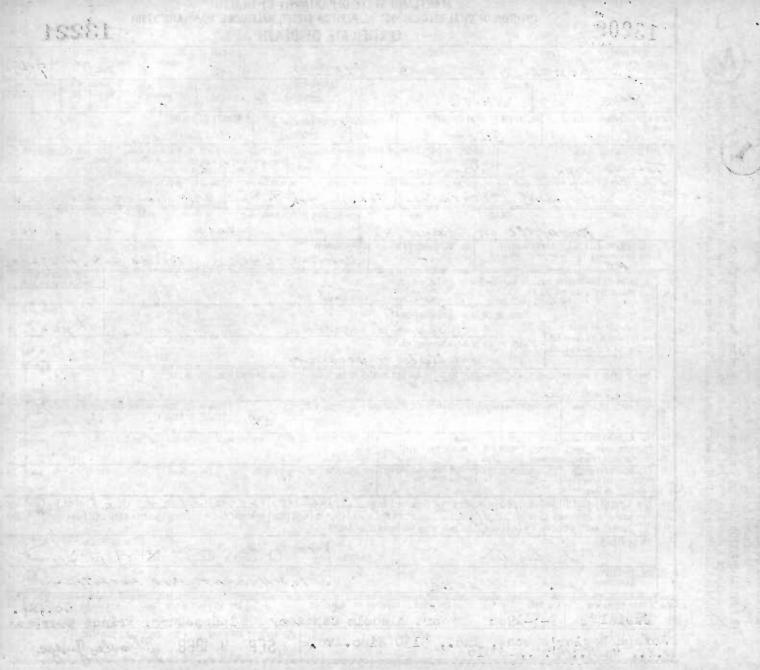
MAKTLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Month Frank McGuffin 10 am Lee John papers. Pages 1 within 72 hours after 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IE LINDER 24 HRS last birthday) HOURS 4/24/1898 Male Caus. YRS within 24 hours 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED .⊆ Oklahoma USA WIDOWED [ DIVORCED [ filled Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ely fi give street address) during most of working life, eyea if retired.) Wheaton University Nursing Home otographer (RETIRED 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE Virginia 3b. COUNTY 4600 Duke Street Alexandria YES & NO [ and in ony 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First last Middle Last McGuffin George William requires that the death certificate be Lucv 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) burial, crematian, or remavol, Yes, no. or unknown) SELINA V. MAIGHTFIN SAME AS(13E 548-09-5667 World War VES attending permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (b). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Canditians, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b Health prior to b TO FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES T NO T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Manth Day Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) be detached State Dept. c 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Nat while at wark 22a. I certify that (1) (this haspital) ottended the deceased from 2-18 . 19<u>68</u>, that (I) (we) last saw the deceased alive on\_\_\_\_ 9 - 1/8-1 19 6 8 and that in (my) (our) opinion death occurred on the date and hour and from the 3 should I with the S be retained couses stoted above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF director, page 3 should be filed v mas PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City of Town) (County) (State) MO BALTIMORE IVATL BALTIMORE CEM 24. FUNERAL DIRECTOR 2Sb. 30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13221 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24-hours after death. (Type or print) Month 49 N MENDOZA NONE Comarico 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) OAYS HOURS MALE 5-3-00 WHITE 68 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) HONTGOMERY CUBAN DIVORCED [ CUBA WIDOWED [ Med within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** TAKOMA WASHINGTON burial, cremation, ar remaval, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER Car 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? complet requires that the death certificate be executed LARY LAND 136. COUNTY HON TGO IYERY odmission) STATE remave PERMICH TAKOMA 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle MUNCO Romarico MENDOZA MARIA attending physician permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) HOSPITAL TAKOIYA PARK. KOEOROS APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Respiratory DUE TO, OR AS A CONSEQUENCE OF the Conditions, if ony, which gove ) Vear signed by the burial-transit malignant eachexia rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse multiple myelom PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be retained by the haspital or attending be detached far use as the State Dept. of Health priar ta TO FUNERAL DIRECTOR: After this certificate has been anemia OR ATTENDING PHYSICIAN: The law 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? NO X YES [ 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 220. I certify that (1) (this haspital) attended the deceased from Luguel 10, 1968, ta Dept. 4, 1968, that (1) saw the deceased alive an Nept 3 \_19 68, and that in (my) (our) opinion deoth occurred on the date and hour and from the directar, page 3 shauld shauld be filed with the couses stated obove, (I) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF clarde DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S SANT. AND HUSPITAL NAME (Type) VELARDE HUGO 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Co (Stot) d. 23o. BURIAL, CREMATION, REMOYAL (Spenify) Fort Lincoln Cemetery Bladensburg. Prince Georges 250. REC'D BY REGISTRAR DATE SEP 9 2Sb. REGISTRAR'S wler's Sons In D.C., 20016 Inc., VR A15 (4) 1968 30M REV. 1/68 Wash ..

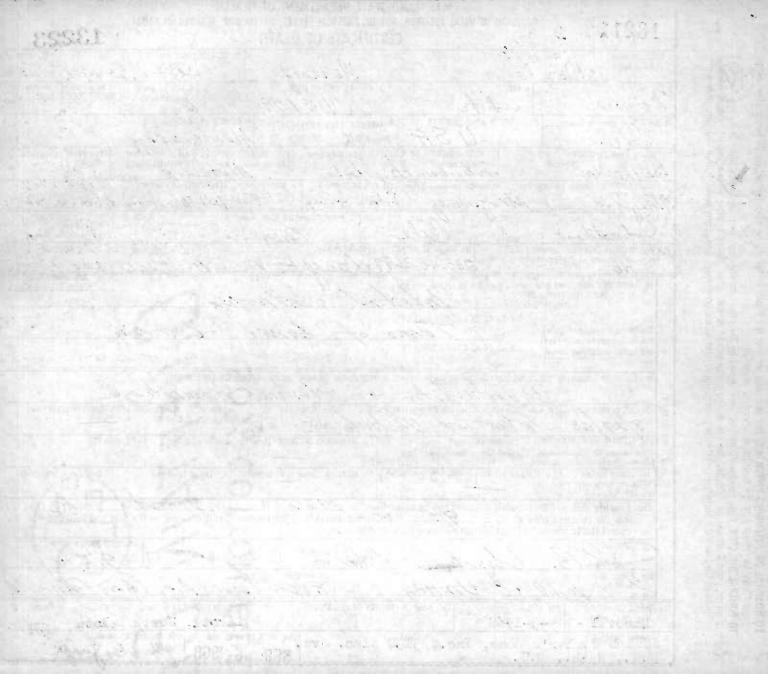


| MERREY 1   |               | 13210  | DIVISIO                              | N OF VITAL RECORDS   | , 301 W. PR                               | ESTON STREE         | ET, BALTIMO                                |                               | YLAND 2120                            | 1                      | 132                            | 22                                       |
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| deoth.   | (1            | ECEASED-NAME First (Ype or print) AN   | IA                                   | Middle<br>S•   |   | Lost<br>MERREY      |  | a. DATE OF C                  | Manth<br>Sept.                        | 18                     | 1968                           | 2b. HOUR P<br>10:34M                     |
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| ecuted<br>complet<br>ove car   | C             | USUAL RESIDENCE (Whate deced   | [X 13b. CO                           | UNITCECIL  | Elkto                                     | n Y                 | I. INSIDE CITY LIMITS?                     |                               | West Ma                               | ain                    | St.                            |  |
| rian and com   | 5             | FATHER'S NAME First PCOB   | 111                                  | S Pot  | ts  | MOTHER'S MAID       |  | rgare                         |                                       | H                      | M                              | E CREA                                   |
| physician<br>physician<br>ren please<br>noval, and i   |               | WAS DECEASED EVER IN U.S. AR<br>es, no, or unknown) (If yes give                         | MED FORCES?<br>var or dates of se    | 16b. SOCIAL SECURITY<br>318-32-2                           | 17. IN<br>17. IN<br>17. IN                | formant<br>sh Harve | y, 4016                                    | 6 Hava                        | rd St.                                |                        | . Sp.,                         | Md.                                      |
| he death c<br>attending<br>permit. The   |               | 4/29<br>Conditions, if ony, which gave   | D BY:<br>ATE CAUSE (c<br>DUE T       | Anistr   | My  |                     | TI SALT                                    |                               | ARCTIO<br>ARTEI                       | ,                      | APPROXII BETWEEN 0             | MATE INTERVAL NSET AND DEATH  HRS        |
| equires that the physicion. signed by the burial-tronsit burial, crematantantantantantantantantantantantantan  |               | rise ta immediate cause (o), stating the underlying couse last.                          | DUE T                                | O, OR AS A CONSEQUENCE OF                                  |   | THERE               |  |                               | 7/(10)                                |                        | 5                              | YRS                                      |
| I: The law requires the or attending physicion. te has been signed by use as the burial-troughth prior to burial, cre.   | N             | PART 2. OTHER SIGNIFICANT CO   | nditions <u>co</u>                   | NTRIBUTING TO DEATH BUT I                                  | NOT RELATED TO                            | THE TERMINAL D      | ISEASE OR COND                             | ITION GIVEN                   | IN PART 1(a)                          |                        |                                |  |
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| ICIAN: The pital or at rificate had far use of Heolth  | MEDICAL CE    | 210. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam | rH HOUI                              |  | 19  |                     |  | ture of injury                | in Part 1 ar Par                      | 1 2, Ite               | em 18.)                        |  |
| G PHYSICIAI the hospital this certifica detoched fau he Dept. of He  | ME            | at wark at wark  |                                      | NJURY ( AT HOME, FARM, STREET, F.<br>OFFICE BUILDING, ETC. |   |                     |  |                               | or Town                               |                        | County                         | Stote                                    |
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| DIRECTOR AT She be retained a she led with led with the distance of the contract of the contra |               | 22b. SIGNATURE   | G                                    | Beeman   | M.D. DEGRE                                |                     | MED.<br>DIREC                              |                               | STAFF PHYS.                           | SEF                    | ATE SIGNED                     | 1968                                     |
| TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE Sprending the filed v Cleare  | -             | 22d. PHYSICIAN'S<br>NAME (Type) EDW,   | ARD                                  | A. BEEMI   |   | 22e. ADDRES         | SILV                                       |                               | SPRINE                                | C /                    | nD =                           | 20910                                    |
| TO HC<br>Poge<br>TO FU<br>direct<br>shou   | $\vec{L}$     |  | 720                                  | 1 10.  | CEMETERY OR C                             |                     | Sa. REC'D BY RE                            | ELKI                          | (City or Town)                        | S PE                   |                                | (State)                                  |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Lost 20. DATE OF DEATH 2b. HOUR. executed within 24 haurs after death (Type or print) ESSIE S. DATE OF BIRTH 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) MONTHS HOURS within 72 haurs af filled in by 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [ NEVER MARRIED country) WIDOWED X DIVORCED [ ONTROMER 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of workdone 12b. KIND OF BUSINESS OR give street oddress) INDUSTRY during most of working life, even if retired.) efery HOUSELY FE burial, crematian, ar remaval, and in any event, USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER campa YES remave ILVEC 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Lost. requires that the death certificate be nne physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) affending phys 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave signed by the burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO ET FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far us be retained by the haspital ar 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING. ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work of work 22a. I certify that (I) (this haspital) attended\_the deceased fram\_\_\_\_ 1965, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_\_\_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION Lakota. North Dakota 2 awler's Sons, Inc., ADDRESS Wisc. Ave 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 N.W. Wash.

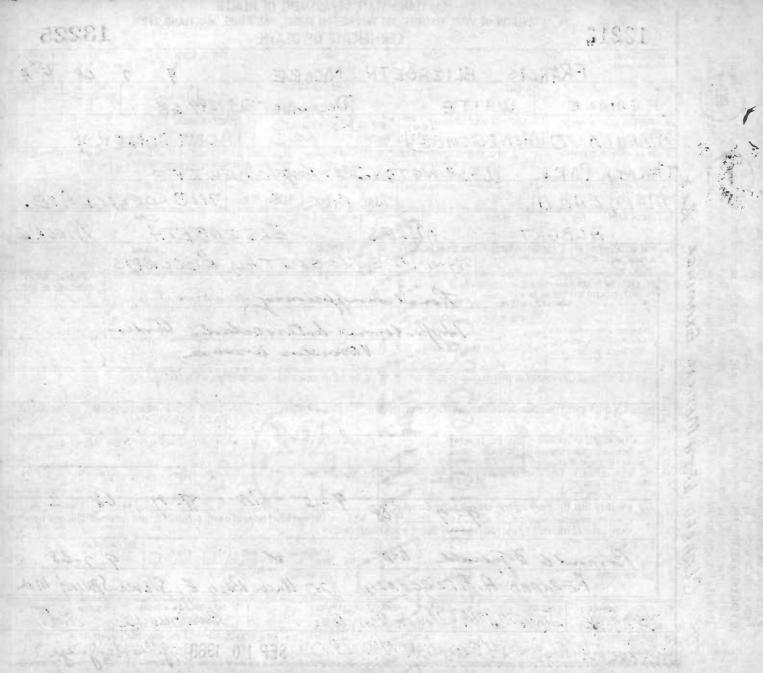


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN (Type or Print) Elwood Herbert Missimer DEATH MATED 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD lost birthday) Male White 9/4/12 Month 9 Day 19 68 Year YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY, OE-DEATH country) Reading, Pa. USA DIVORCED T WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street oddress) Holy Cross Hospitaturing most of warking life, even if retired.) Silver Spring, Md. with death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 136 COUNTY Prince Ged. Beltsville 11412 Cherry Hill Rd. YES PO NO land 2 in Item 1 after 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last good Koch Herbert Missimer Emma hours pages in pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS 11412 Cherry be executed within (Yes, no or unknown) (If yes give war or dates of service) Dolores Missimer/wife RECENT XXXXXXXX 70-07-7342 0 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) DUE TO, OF AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). This certificate shauld please execute the certificate, writing the ward OR AS A CONSEQUENCE OF stating the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ pe shauld be 21g. EXTERNAL CAUSE WAS 3 shauld ar 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A M PRIMARY OR CONTRIBUTING crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State Page factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy ... Inspection and in my apinian Accident may be retained death resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE EXAMINER'S Health NAME (Type) near county) 0 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Schwarzwald Cemeteru 2So. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13225 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH Last 2b. HOUR death. feath. funeral gnd (Type or print) ELIZABETH after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MONTHS WHITE December 23,18 FEMALE 24 haurs 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED ₽. WIDOWED DIVORCED [ 0 IO. CITY OR TOWN OF DEATH OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b: KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 36. INSIDE CITY LIMITS? 13e. STREET AND NUMBER be executed 13b. COUNTY YES NO 7/13 and in any 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle ALBERT The law requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, not or unknown) -01-94278 XOSPITAL 10 ECORIOS burial, cremation, or remaval, MINA APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit permit. Kenal Sorsu IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave (1) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. **D FUNERAL DIRECTOR:** After this certificate has been signed by stating the underlying cause last. 4 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) V director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta 0 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town While Not while of work 220. I certify that (I) (this hospital) attended the deceased from. \_\_19 6, and that in (my) (our) opinian death occurred on the date and hour and from the saw the deceased alive on\_ W couses stoted above, (1) (we) (did) (did not) view the bady ofter death. V 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) UNIV. ISLUM 230. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Burlinsville Cemetorn 25o. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1968



MARYLAND STATE DEPARTMENT OF HEALTH

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| 10  |               | 13215 DIVISION OF VITAL RECORDS, 30  |                                       | MORE, MARYLAND 21201                                      |                                   |
| 70.   | -             | CE   | RTIFICATE OF DEATH                    |   | 3227                              |
| =2-=  |               | EASED-NAME First Middle  | Last                                  | 20. DATE OF DEATH   | 2b, HOUR                          |
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| be an a see |               | WILLIAM PENN MORGE   |                                       | RUTH +  | MAZY                              |
| icate<br>sicic<br>plec<br>l, ar   |               | WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes give war or dates of service)  220 - 444 - 05         | 17. INFORMANT 18. HOSPITAL            | RECORDS Address   |                                   |
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| re death certificate b<br>attending physician<br>permit. Then please<br>ion, ar removal, and i  |               | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: | sub-1 1                               | ) I ala   | BETWEEN ONSET AND DEATH           |
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| equires that the<br>physician.<br>signed by the c<br>burial-transit p<br>burial, crematio   |               | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF  | V                                     |   |                                   |
| uire<br>hysia<br>gne<br>gne<br>urial  |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT                                     | PELATED TO THE TERMINAL DISEASE OF CO | INDITION GIVEN IN PART 1(a)                               |                                   |
| The law requires that attending physician has been signed been so as the burial-truch priar to burial, cr   |               | 46 5 X   | RELATED TO THE TERMINAL DISEASE OF CO | Notifoli diven in taki 1(4)                               |                                   |
| The law ratending attending has been se as the th priar to  | CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFO                                    | DRMED 20a. AUTOPSY?                   | 2Db. IF YES, WERE FINDINGS CONS                           | SIDERED IN CERTIFYING             |
| the la attendation has be as h prior  | IFIC          |  | YES NO                                | CAUSES OF DEATH?  |                                   |
| or or us  |               | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY   | 21c. HOW INJURY OCCURRED (Enter       | nature of injury in Part 1 or Part 2, Item                | n 1B.)                            |
| CIAN<br>oital o<br>tificat<br>d for<br>of He  | MEDICAL       | GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M.   |                                       |   |                                   |
| by the haspital or attending physician.  by the haspital or attending physician.  After this certificate has been signed by the attending physician and control to the control of the detached for use as the burial-transit permit. Then please remander to be detached for the priar to burial, cremation, ar removal, and in any the control of the control | ME            | 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTOR                              | 21f. LOCATION Street or R.F.D. No.    | City or Tawn  | County State                      |
| the this deta   |               | While Not while Of wark OFFICE BUILDING, ETC.  |                                       |   | 6                                 |
| by t<br>ffer<br>be o  | 113           | 22a. I certify that (I) (this haspital) attended the deceased  | from 8/11, 196                        | 5, ta 9/1, 196  | , that (I) (we) last              |
| END<br>led<br>St. A<br>Lid<br>the S   |               | saw the deceased alive an \$130 19 causes stated abave, (1) (we) (did) (did nat) view the ba           | dy after death                        | ian death accurred an the date                            | and haur and tram the             |
| ATA Stair Sha   |               | 22b. SIGNATURE   | 4 1                                   | 22c. DA1  | TE SIÉNED /                       |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours aft be retained by the haspital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 3 shauld be detached far use as the burial-transit permit. Then please remove casban papers. Pages led with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after with the state Dept.  |               | Brune A. Brudlan   | DEGREE PHYS. DIR                      | D. STAFF PHYS.  | 11168                             |
| AL Dy L   |               | 22d. PHYSICIAN'S<br>NAME (Type) Benne G. Bendler   | 22e ADDRESS<br>10820 Geor             | gia Ave., Wheat   | on Manuland                       |
| TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt  |               |  |                                       |   |                                   |
| Haul Haul   | 23a.          | DEMOVAL (Secondary)  | METERY OR CREMATORY                   |   | (County) (State)                  |
| 5 5 5 5 ×   |               | IDADES   | ncoln Cemetery                        | Bladensburg, Pri  |                                   |
| VR A15 (4)<br>30M REV. 1/68   | 24.           | Ose Difference awler's Sons, Inc., ADDRISSO  | Wisc. Ave. 2Sa. RECD BY               | REGISTRAR 2Sb. REGISTRAR'S SIG                            |                                   |
| SOM KEA. 1/08.  | I N           | W. Wash. D.C. 20016  | DATE SFP                              | U WOOD A  | 7 7                               |

A CONTRACTOR OF THE PROPERTY O AND COMPANY TENNED IN COMPANY YZÁM + HOZE poster an except a foreman light to the protect of the con-AND STREET AND LEATHER STREET, STREET CONTRACT OF THE PROPERTY Tapparatus a page 1, resources Design of the Mankon and Landers of the second of the 

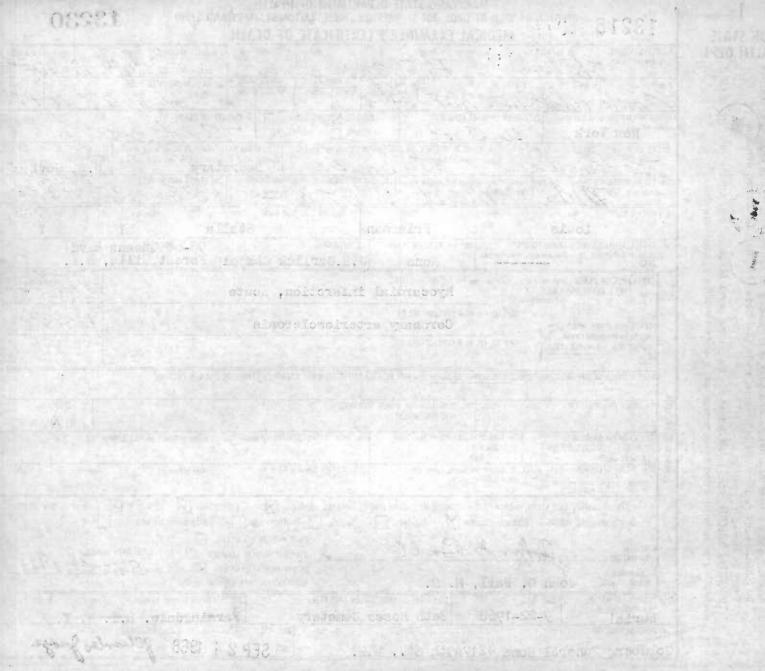
|     |               |  | MARYLAND<br>DIVISION OF VITAL RECORDS, 3                                 | O STATE DEPARTMENT OF H<br>BOI W. PRESTON STREET, BALTI                  |   | 4  |
|-----|---------------|--|--|--|---|--|
|     |               | 13216  |  | ERTIFICATE OF DEATH  |   | 13228  |
|     |               | PECEASED-NAME First Type or print) CHA   | RLES KROTH   | MOSER  | Sept. 23. 1                                     | 968 Yeor 3:00  |
|     | 3. SE         | x<br>Male  | 4. RACE<br>Caucasian   | S. DATE OF BIRTH Aug. 27, 18   | 6. AGE (In years                                | IF UNDER 1 YEAR 1F UNDER 24 HRS. MONTHS DAYS HOURS MIN                 |
| (A) | caur          | SIRTHPLACE (Stote or foreign only) Virginia LITY OR TOWN OF DEATH Potomac                      | U.S.A.   | WIDOWED DIVORCED   | L OCCUPATION (Kind of wark dane                 | gomery Md  126. KIND OF BUSINESS OR INDUSTRY S.                        |
| 47  | 13a.<br>adm   | USUAL RESIDENCE (Where decedission) STATE D.C.   | osed lived, if institution: Residence before<br>13b. COUNTY              | 13c. CITY OR TOWN 13d. INSIDE CITY LII                                   | MITS? 13e. STREET AND NUMBER                    | iden St. N.W.  |
| 3   | 14.           | FATHER'S NAME First  John  | Middle Lost<br>J. Moser  | is. Mother's maiden name fi  | ah  | Scherer  |
|     |               | WAS DECEASED EVER IN U.S. AR<br>'es, no, or unknown) (If yes give                              |  | o. 17. INFORMANT<br>474Mrs. Xenia E.                                     |   | wash. D.C.   |
|     | Z             | Canditians, if any, which gove rise to immediate cause (o), stating the underlying couse last. | (0)  | Dermone T RELATED TO THE TERMINAL DISEASE ORC                            | plplcemen<br>tus<br>ONDITION GIVEN IN PART 1(0) | BETWEEN ONSET AND DEATH  |
| 2   | CERTIFICATION | 19a. DATE OF OPERATION 19b   | b. CONDITION FOR WHICH OPERATION WAS PERI                                | YES NO 🔀   |   |  |
|     | MEDICAL CER   | 21a. ACCIDENT WAS UNDERLYS  ☐ OR CONTRIBUTING ☐ CAUSE OF OF (If either, notify medical exam    | ATH HOUR A.M. Month Day Year   | 21c. HOW INJURY OCCURRED (Enter  | nature of injury in Part 1 or Port 2,           | Item 1B.)  |
|     | ME            | 21d. INJURY OCCURRED 21e   | e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC. |  |   | County State   |
|     |               | 22a. I certify that (I) (fi<br>sow the deceased<br>causes stoted obov                          | his hospital) attended the deceased<br>alive on                          | d from 7 9 , 19 6<br>d , and that in (my) (our) opin<br>ody ofter death. | nion deoth occurred on the do                   | $1 - \frac{68}{68}$ , that (1) $2$ (We) last ate and hour and from the |
|     |               | 22b. SIGNATURE   | May an   | DEGREE PHYS.   | IRECTOR STAFF 9                                 | DATE SIGNED<br>-23-68  |
| 1   |               | 22d. PHYSICIAN'S<br>NAME (Type)  | JOYCE  | Be   | 77 Battery Latthesda, Maryl                     | ne<br>and  |
| 1   | C             | REMOVAL (Specify)  | 9/24/68   Cedar  | EMETERY OR CREMATORY Hill Crematory                                      | 23d. LOCATION (City or Town) Suitland, Pr       | (County) (State)<br>Geo. Md.   |
| R   |               | FUNERAL DIRECTOR  COBERT A. PUT  | 7557 MPHREY, Bethesda  | consin Ave 250. REC'D B<br>, Md. DATE <b>SE</b>                          | y registrar 2sb. registrar's P 2 7 1968 gcl     |  |
| V   | -             |  |  |  |   | 0 0  |

1 . . . . . PER SONT AND MONTHS The state of the s Light and the second of the se permission of the second of th 

|  |               | 13217   | DIVISION OF                                | VITAL RECORDS,<br>)                                       |                                      | RESTON STR              |   | RE, MARY     | (LAND 21201                           | 13229                       |                                |
|--|---------------|---|--|---|--------------------------------------|-------------------------|---|--------------|---------------------------------------|-----------------------------|--------------------------------|
| er death.<br>funeral<br>s 1 and 2<br>ter death.  |               | EASED-NAME First pe ar print) JAN   | TE .                                       | Middle<br>R   |                                      | MYER MYER               | 20  | DATE OF D    | EATH<br>Manth                         | Day Execut                  | 2b. HOUR<br>2-35A              |
| hours after on by the fun see Pages 1 augs after of hours after of the fun the | 3. SEX        | female  | 4. RACE<br>Caucas                          | ian   |                                      | 5. DATE OF BIR<br>6-10- |   |              | ast birthday)                         | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS.<br>HOURS MIN. |
| 4 hours  |               | RTHPLACE (State or foreign rth Carolina   | 7b. CITIZEN OF WHA                         |   | 8. MARRIED WIDOWED                   | NEVER MARR              | CIED!   | ontgoi       |                                       |                             | Mo                             |
| ed within 24 soletely filled carbon paper ont, within 2  |               | Y OR TOWN OF DEATH  | 11. NAI<br>give st<br>Spr                  | ME OF HOSPITAL OR INS<br>reet address) Be th<br>ing hursi | STITUTION (IF 9<br>Lesda—<br>Lng Hor | ot in-hospital          |   |              | Kind of work dan<br>e even if retired |                             | BUSINESS OR                    |
| ecuted with completely days carbar y event, with   | 13a. L        | ISUAL RESIDENCE (Where decearing) STATE   | sed lived, if institution                  |   | 13c. CITY OR<br>Washin               | TOWN 1                  | 3d. INSIDE CITY LIMITS? YES NO NO               |              | et and number<br>Devons               | shire Pl                    | ace N.W                        |
| equires that the death certificate be executed within 2 physician. signed by the attending physician and completely filler burial-transit permit. Then please certain paburial, crematian, or remayal, and in any event, within  | 14. FA        | THER'S NAME First John  | Middle                                     | lost<br>Rendler   |                                      | MOTHER'S MAI            | IDEN NAME First                                 |              | Middle                                | Del                         | lost<br>linger                 |
| physician and nen please cent and in an and in an  | 16a. Ye       | NAS DECEASED EVER IN U.S. AR<br>s, na, ar unknawn) (If yos give   | MED FORCES?<br>war or dates of service)    | 16b. SOCIAL SECURITY I                                    |                                      | nformant<br>rs. Rob     | ert M. I  | Burton       | Address<br>1, Siste                   | or, same                    | as #13                         |
| ath cer<br>nding p<br>it. The  |               | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE  | nly ane cause per line D BY: ATE CAUSE (a) | e far (a), (b), and (c).                                  | Ebre                                 | el ve                   | nom   | lio          | zis                                   |                             | IMATE INTERVAL ONSET AND DEATH |
| equires that the death certif<br>physician.<br>signed by the attending phy<br>burial-transit permit. Then<br>burial, crematian, or remava  |               | Canditians, if any, which gave  | DUE TO, OR AS                              | A CONSEQUENCE OF  | bro                                  | el an                   | ten   | ose          | leros                                 | is 5                        | ys.                            |
| equires that the physician. Signed by the burial-transit burial, cremal  |               | nse ta immediate cause (a), stating the underlying cause ast.   | DUE TO, OR AS                              | S A CONSEQUENCE OF  |                                      |                         |   |              | 15.0                                  |                             |                                |
| required physical signs of the purice to burice to buric | 1-1           | PART 2. OTHER SIGNIFICANT CO  |  | ING TO DEATH BUT N  | OT RELATED TO                        | THE TERMINAL            | DISEASE OR CONDI                                | TION GIVEN   | IN PART 1(a)                          |                             |                                |
| AN: The law re<br>all ar attending<br>icate has been<br>for use as the<br>Health prior ta  | CERTIFICATION | 9a. DATE OF OPERATION 19b   | CONDITION FOR WHI                          | CH OPERATION WAS PE                                       | RFORMED                              | 2Da. AUTOP              | NO NO   |              | ES, WERE FINDING<br>OF DEATH?         | SS CONSIDERED IN            | CERTIFYING                     |
| ICIAN: Dital ar rifficate d far us of Healt  | ₹             | Ta. ACCIDENT WAS UNDERLYIT OR CONTRIBUTING CAUSE OF DEA<br>or CONTRIBUTING CAUSE OF DEA<br>of either, natify medical exam | TH HOUR A.M.                               | INJURY<br>Manth Day Year                                  |                                      | OW INJURY OCCU          | JRRED (Enter natu                               | re af injury | in Part 1 or Part                     | 2, Item 18.)                | AFRE                           |
| JING PHYSIC<br>by the haspit<br>(fer this certi<br>be detached<br>State Dept. of   |               |   |  | AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC.       |                                      | OCATION Street          | ar R.F.D. Na.                                   | City a       | r Tawn                                | County                      | State                          |
| NDING<br>ed by tl<br>: After<br>Id be d  |               | 22a. I certify that (1) (the  | rlive an                                   | 9-8 1   | 969 an                               | Othat in (my            | , 19 <b>63</b><br>() ( <del>our</del> ) apinion |              | curred an the                         | 1968 , tha                  | t (I) (we) last                |
| R ATTENDE<br>r retained<br>RECTOR: A<br>3 shauld<br>with the   |               | causes stated abay  | e, (i) (we) (aid) (                        | aid nat) view the   | Dady affer                           | ATTENDING               | G MED.  | П            | STAFF                                 | 22c. DATE SIGNED            | 10                             |
| RAL DI   |               | PHYSICIAN'S<br>NAME (Type)  | SIRA                                       | INDA  | LL. M                                | PHYS.                   | RESS  | AZ           | EY T                                  | ERR.                        | NW. T                          |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.  Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ampletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remark carbon papers, lages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 22 hours after death.  | 23a.          | 051101111 10 11 1   | DATE<br>12-1968                            | 23c. NAME OF Holly  |                                      |                         | 230   |              | (City or Town)                        | (County)                    | (State)                        |
| VR A15 (4)<br>30M REV. 1/68  | 24. F         |   |  | Inc. ADDRESS  |                                      |                         | 2Sa. REC'D BY REC<br>DATE SEP 1                 | GISTRAR 196  | 2Sb. REGISTRA                         | AR'S SICNATURE              | ge.                            |



13230 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN (Type or Print) ESTI-Page af DEATH MATED delay IF UNCER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAR M3. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm New York DIVORCED WIDOWED in Item 18. Give Pages 1 and 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not inchaspital 12a. USUAL OCCUPATION (Kind of work done 12b. KJ89 during most of working life, even if retired.) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY. YES X NO Office after 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Louis Friedman Stella pages haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 98-600 Weens Blvd (Yes na, ar unknawn) J.S.Garlick Chapel Forest Hills, N.Y. None File APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. icate, writing the ward "pending" be forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY Myocardial infarction, acute Sudden IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF 42015 burial-transit Coronary arteriosclerosis Canditians, if any, which gave rise to immediate couse (a), certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 as remayal CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. YES TA NO 🗌 pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld 4 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M crematian. **EXAMINER:** CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK 22a. I certify that I taok charge of the remains described above, held an Autapsy 💢 Inspection X Inquiry X and in my opinion Natural causes X Accident . Suicide [ Undetermined manner death resulted from: Homicide please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may to FUNER Health **EXAMINER'S** John G. Ball. M. D. ADDRESS(Street, city, tawn, ar county) NAME (Type) the 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) REMOVAL (Specify) 9-22-1968 Beth Moses Cemetery Fammingdale. Burial 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Goldberg Funeral Home 4217n9th St., N.W. 10M REV. 1/68



|           | DECEASED-NAME First (Type or print) Ann   | Middle ie  | 0 Brien   | 2a. DATE OF DEATH Sup Month / Y Day  | 19646T 3:30 PM  |
|-----------|---|--|---|--|---|
|           | SEX<br>Temale   | 4. RACE White  | S. DATE OF BIRTH                                | 6. AGE (In years last birthday)  | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
|           | o. BIRTHPLACE (Stote or foreign buntry) Urginia   | 75. CITIZEN OF WHAT COUNTRY?   | MARRIED NEVER MARRIED WIDOWED DIVORCED          | 9. COUNTY OF DEATH  Montgomery   | Md.   |
| 0         | CITY OR TOWN OF DEATH Sil. Spring   | 11. NAME OF HOSPITAL OR INSTI  | TUTION (If not in hospital during               | SUAL OCCUPATION (Kind of work done most of working life, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY Own home              |
| 5 00      | a. USUAL RESIDENCE (Where deceos<br>mission) STATE Maryland   | ed lived, if institution: Residence before 13b. COUNTY Montagmenu  | 3c. CITY OR TOWN 13d. INSIDE CITY Sid. Spr. YES |  | rn Avenue   |
|           | FATHER'S NAME First John  | Middle Last<br>Marshal   |   | First Middle   | lost<br>Brock   |
| 10        | Yes, no, or unknown) (If yes give w   | NED FORCES? ar or dates of service) 16b. SOCIAL SECURITY NO. 718-14-268  |   | Address Sansbury 7719 Faste  | Sil. Spr., Md.  |
| 100       | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COM | DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUITIONS CONTRIBUTING TO DEATH BUT NOT |   | Vascular De<br>voslerars<br>RCONDITION GIVEN IN PART 1(0)                  | real-years  |
| X         | 19a. DATE OF OPERATION 19b.   | CONDITION FOR WHICH OPERATION WAS PERF   | YES NO  |  |   |
| rolesi er | OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin   | HOUR A.M. Month Doy Yeor<br>ner) P.M. 19   | 4.  | nter nature of injury in Part 1 or Part 2,                                 |   |
|           | While Nat while of work   | PLACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.  |   | No. City ar Tawn   | Caunty State  |
|           | sow the deceosed of   | is haspital) attended the deceased<br>live on 19<br>, (I) (we) (did) (did nat) view the bo                       | ody ofter death.                                | ppinion deoth occurred on the do   | te ond hour ond from the                                |
|           |   |  |   |  |   |
|           | 22b. SIGNATURE  22d. PHYSICIAN'S  | Juanon, mi   | DEGREE ATTENDING PHYS.  22e. ADDRESS            | MED. DIRECTOR DISTAFF DISTAFF STAFF  | Dept. 14-68   |

PESCH HILL OF CHEST WITH THE PROPERTY THE PESCH e a sant st. יין אין מאגם ישפרים פי אמיין, פי מיר מיריים בי אויין מיריים בייריים ביירים ביירים בייריים ביירים ביירים ביירים ביירים ביירים ביירים ביירים ביירים בייר ו ביי בייבון ביי בייבון איניים אינים . 4.4 2.  $c \in \mathcal{C}$  ,  $c \in$ The state of the s

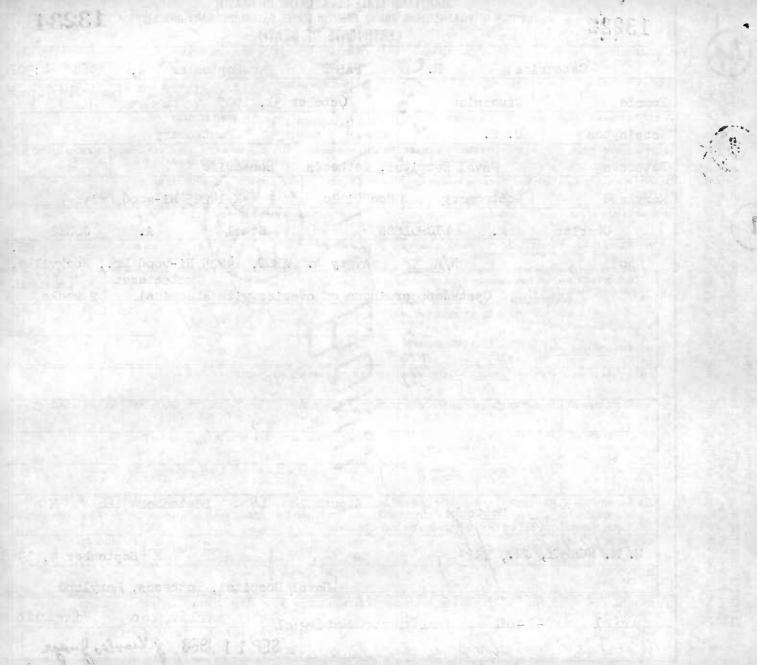
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13232 CERTIFICATE OF DEATH DECEASED-NAME First Last 2a. DATE OF DEATH ges 1 and 2 after death. 2b. HOUR (Type or print) 01 m 51E 3. SEX 4. RACE S. DATE OF BIRTH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 6. AGE (In years IF UNDER 1 YEAR completely filled in by the removes. Pages WhITE 7a. 81RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED 11.SA WIDOWED [ DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done and in ony event, with during mast of warking life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 1701-Fields Ko YES NO 3 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Bois Frederick Olmsted Florence 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT PALA OS (If yes give war or dates of service) Yes, no, or unknown) Mrs. Virginia L. Olmsted, Gaithersburg 7-44-0301 for use os the buriol-tronsit permit. The Health prior to burial, cremation, ox cemas 18. CAUSE OF DEATH (Enter only one couse per line of (o), (b), and (c) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if ony, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR MIDITION OVEN IN PART 1(a) has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO X O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1963, ta 1963, ta 1963, ta 1963, that (I) (we) last saw the deceased alive an 1963, and that in (my) (Suff) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) ( did not) view the body after death. 22b. SJONATURE 22c. DATE SIGNED DEGREE ATTENDING PHYS DIRECTOR PHYSICIAN'S 22e. ADDRESS 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE (State) (County) REMOVAL (Specify) 9-23-68 Suitland, Pr. Geo. Cedar Hill Crematory 7557 ABORES COnsin Ave 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Bethesda, Maryland WHE SEP 30M REV. PUMPHREY

SESEE OF THE ADMINISTRATION OF THE PROPERTY OF Description of the second William Experience and each asset, by an analysis making 

|     | DECEASE              | D-NAME   | First   | 40) 10/  | 2/68 km<br>Middle                                |                                       | Lost                                | 1                                       | 2a. DATE OF D                          |   |                                   | 2b. HOUR           |
|-----|----------------------|--|---|--|--|---------------------------------------|-------------------------------------|---|--|---|-----------------------------------|--------------------|
|     | (Түре аг             | print)   | Collis  | ;  | Α.   | 01                                    | VACHILA                             |   | Setpe                                  | mber 18 Doy   | y Yeor                            | 8 1115             |
| 3.  | SEX                  |  | 4.  | RACE   |  |                                       | S. DATE OF BIRT                     | TH                                      |  | 6. AGE (In years<br>last birthday)                      | IF UNDER 1 YEAR MONTHS DAYS       | IF UNDER 24 HRS.   |
|     | F                    | 'emale   | 3 W [   | Caucas   | sian   |                                       | Jan. 1                              | 6, 1920                                 |  | 48 YRS.   | MONTHS DAYS                       | HOURS MIN.         |
| 70  | . BIRTHP             | LACE (State or for   | eign 7b. (                                    | ITIZEN OF WHAT                                     | COUNTRY?   | 8. MARRIED                            | NEVER MARRI                         |   | COUNTY OF D                            | EATH  |                                   |                    |
| C   | S S                  | outh Car   | rolina  | USA  |  | WIDOWED                               | DIVORC                              | ED 🗌                                    | Mont                                   | gomery  |                                   | Md.                |
| 7   | Bet                  | hesda  |   | give stre  | e of Hospital or in<br>eet address)<br>al Hospit | al                                    |                                     | during most<br>Educat                   | occupation (<br>of warking li<br>ional | Kind of work done<br>fe, even if retired.)<br>secretary | 12b. KIND OF<br>INDUSTRY<br>Fairf | BUSINESS OR ax Co. |
| 13  | o. USUAL<br>mission) | RESIDENCE (When  | re deceased tw<br>ginia                       | ed, if institution<br>b. COUNTY                    | n: Residence befare                              |                                       |                                     | YES NO [                                | ? 13e. STRE                            | 42 Mann C   |                                   |                    |
| 14  | . FATHER             |  |   | Middle   | Last   |                                       | S. MOTHER'S MAIL                    |   |  | Middle  |                                   | Last               |
| L   |                      | Hugh   |   | Arthur   | Aller  |                                       |                                     | Collis                                  |  | ntington  | Lácke                             | У                  |
| 1   | Yes, ng.             | DECEASED EVER IN OCUNKNOWN)                                  | (If yes give war ar do                        | tes of service)                                    | 6b. SOCIAL SECURITY                              |                                       | INFORMANT IT                        |   |  | Address V   |                                   |                    |
| -   | -                    | 1  |   |  | 577 22 10  |                                       | rank T.                             | Onachi                                  | la, 26                                 | 42 Mann C   | ourt                              | MATE INTERVAL      |
| Н   | 18. 0                | AUSE OF DEATH<br>PART I. DEATH WA                            | (Enter only one                               | cause per line                                     | far (a), (b), and (a                             | ).)                                   |                                     |   |  |   | BETWEEN (                         | INSET AND DEATH    |
| 1   | 1                    | CARL I. DEATH WA   | IMMEDIATE CA                                  | USE (a)  | Leiomyo  | carcom                                | a uterus                            | s, statu                                | s pos                                  | t histore   | ctomy                             |                    |
| 1   | 1/                   | 827  |   | DUE TO, OR AS                                      | A CONSEQUENCE O                                  | with                                  | metasta                             | ases                                    |  |   |                                   |                    |
|     | Cand<br>rise t       | itions, if any, whi<br>o immediote cau                       | 11010211                                      | (b)  |  |                                       |                                     |   |  |   |                                   |                    |
|     | statir               | ng the underlying  | g cause                                       | DUE TO, OR AS                                      | A CONSEQUENCE O                                  | F                                     |                                     |   |  |   |                                   |                    |
|     | lost.                |  | ,   | (c)  | .0. 70. 05.711.0117.                             | 107 051 1700 1                        |                                     | 200000000000000000000000000000000000000 | NITION OWEN                            | IN DART 1/ )  |                                   |                    |
|     | 11-                  | 2. OTHER SIGNIFICATION X                                     | - 1   |  | IG TO DEATH BUT                                  |                                       |                                     |   |  |   |                                   |                    |
|     | 19a. C               | ATE OF OPERATION   | 19b. COND                                     | ITION FOR WHICH                                    | OPERATION WAS P                                  | ERFORMED                              | 20a. AUTOPS                         |   |  | res, were findings (<br>OF DEATH?                       | CONSIDERED IN C                   | ERTIFYING          |
|     |                      |  |   |  |  |                                       | YES 🔼                               | NO 🗌                                    |  |   |                                   |                    |
|     | d Gor                | ACCIDENT WAS UI<br>CONTRIBUTING CA<br>ther, notify medic     | SUSE OF DEATH                                 | P.M.   | Manth Day Yeo                                    | r<br>19                               |                                     |   |  | in Part 1 ar Port 2,                                    |                                   |                    |
| MED |                      | INJURY OCCURRED Nat while at work                            |   |  | T HOME, FARM, STREET, F<br>FFICE BUILDING, ETC.  |                                       |                                     |   |  | r Tawn  | County                            | Stote              |
|     | at wa                | rk at work   |   |  |  |                                       |                                     |   | to Co                                  | n+ 18 19  | _68_, that                        | XXX (we) last      |
|     | at wa                | I certify that<br>sow the dece<br>causes stoted              | t (1) (this ho<br>eased alive<br>d obove, (1) | spital) atten<br>an <u>Sept</u><br>(we) (did) (d   | ded the deceo<br>18<br>dkaok) view the           | sed from A<br>1968_, ar<br>body ofter | ug. 21<br>Id that in (my)<br>death. | ) (our) opinio                          | on death ac                            | curred on the de  | ote ond hour                      | ond from the       |
|     | 22a.                 | I certify that<br>sow the dece<br>causes stoted              | t (t) (this horeased alive d obove, (1)       | ispital) atten<br>an Sept<br>(we) (did) (d         |  |                                       | ATTENDING PHYS.                     | MED.                                    |  | 22c.  | DATE SIGNED pt. 19,               |                    |
|     | 22a.                 | I certify that<br>sow the dece<br>causes stoted<br>SIGNATURE | t (1) (this hoeased alive d obove, (1)        | spital) atten<br>an Sept<br>(we) (did) (d<br>Bell, | el wa  |                                       | ATTENDING<br>PHYS.<br>22e. ADDRI    | MED. DIREC                              | CTOR 🗆                                 | 22c.  | pt. 19,                           |                    |

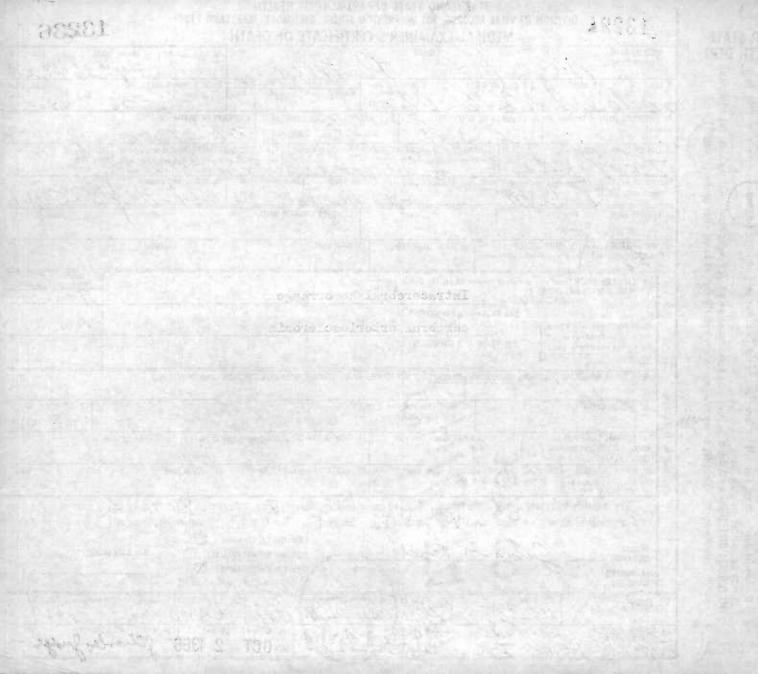
ASIDMO APPLICATION and the contract of the contra The same of the sa grunde not franch to too your notes tempe and doc But the second of the property of the second constant and a male of the state of the stat . at the second second of the second The state of the state of the case of the state of the st was a fine of the second of th

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13222 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR death. (Type or print) September 1968 Catherine N. PARST 4:30B icidis and completely filled in by the fut legse remove carban papers. Pages I and in any event, within 72 haurs after 3. SEX 4 RACE S. DATE OF BIRTH within 24 haurs after 6. AGE (In years 1F UNOER 1 YEAR last birthdoy) DAYS HOURS October 31. Female Caucasian 1905 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Washington Montgomery U. S. DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Naval Hospital. Bethesda during most of working life, even if retired.) INDUSTRY Bethesda ruted 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? demission) STATE Maryland Montgomery YES 14225 Hi-wood Drive Rockville 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Last Charles NICHOLSON Ethel JONES A. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Md. requires that the death certifica Yes, na, or unknawn) (If yes give war or dates of service) burial, crematian, ar remaval, N/A Avery A. PABST, 14225 Hi-wood Dr. Rockville. metasteses 18. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cystadenocarcinoma of ovaries with abdominal 2 weeks DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave ) signed by the burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES T O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor (If either, natify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from August 14., 168., ta September 49.68., that (1) (we) lost saw the deceased alive on September 4. 1968., and that in (my) (aur) apinion death accurred on the date and hour and from the be retained causes stoted above, (1) (we) (40) (did hat) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED W. M NURPHY / JAN M September 4, 1968 DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Naval Hospital, Bethesda, Maryland 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify)
Burial Virginia Arlington 949-68 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR VR A15 [4] DATESEP 11 1968 30M REV. 1/68



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| 1  |               | MARYLAND STATE DEPARTMENT OF HEALTH  |   |
|--|---------------|--|---|
| FOD CTATE  |               | 13224 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  | 13236   |
| FOR STATE HEALTH DEPT.   | 1.0           |  |   |
|  |               | Type or Print) OF ESTI-  | Day Yeor 2b. HOUR                               |
| ay is<br>3 to<br>Poge<br>ent of  | 3. 5          |  | 7. 26 1968 10 AM<br>2d. HOUR                    |
| 2, and 3<br>PM3. Po  | 3. 3          | Iggl brinday) MONTHS DAYS HOURS MIN. MONTH POON  | Yeor 19/5/0-7M                                  |
| 2, Pl  | 70.           | BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  | 1468 10 J.W                                     |
| - E A  | cour          |  | 2 -21 111                                       |
| trate (trate   | 10. 0         | CITY OR JOWN OF DEATH / 11, NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g, USUAL OCCUPATION (Kind of work done                                 | 12b. KUSO OF BUSINESS OR                        |
| ofter death  S. Give Pages 1,  Flong with form  with the State De  | 1             | give street address demand most at warking the even if retired.)   | INDUSTRY  |
| ofter 8. Give with the with the seath.   |               | USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER                | 1 6 . 1   |
| 4- 1 20/1  | 0             | dmission) STATE TO BE SOUNTY Washington YES NO 1404-Half   | 251. J.W.                                       |
| 24 hours of the 18 stand 2 w   | 14. F         | ATHER'S NAME First Middle Lost IS. MOTMER'S MAIDEN NAME First Middle   | Lost  |
| hin<br>ncil<br>ninel<br>poge<br>hou  |               | WAS DECEASED EVER IN U.S. ARMED FORCES?  (es. TW. Or, unknown) (If yes give war ar dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS     |   |
| should be executed with word "pending" in period the Chief Medical Exaruriol-transit permit. File in ony event within 72   |               | 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND GEATH |
| cute<br>ng"<br>dica<br>with  |               | PART I. DEATH WAS (AUSED BY: IMMEDIATE (AUSE (a) Intracerebral hemorrhage  | 9km.  |
| exe<br>endi<br>Me<br>t pe<br>t pe  |               | 43/, 9 DUE TO, OR AS A CONSEQUENCE OF  |   |
| be<br>"pl<br>hief<br>ansi  |               | Conditions, if only, which gove (b) cerebral arteriosclerosis  | years.  |
| should be e<br>ne word "per<br>o the Chief I<br>buriol-transit<br>I in ony even  |               | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF  |   |
| she vo the voth shuri  | 15            | lost. (c)  |   |
| This certificate should ficate, writing the word be forwarded to the Ct d be used as buriol-tractor removal, and in any  | _             | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)                       |   |
| certif<br>orwar<br>used<br>moval   | CERTIFICATION | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION  | 20. AUTOPSY?                                    |
| his cate, ne for   | JIE           | WAS PERFORMED?   | YES 🔀 NO 🗌                                      |
| Third iffice of the beautiful to the bea |               | 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 121b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING 140b. HOUR A.M.                            | em 18.)   |
| INER: The certific should be files. 3 should bould bould or notion, or   | MEDICAL       | CAUSE OF DEATH P.M. 19   |   |
| KAMINER: te the certifue 4 should your files. age 3 should cremotion,  | W             | 21d. INJURY OCCURRED  WHILE NOT WHILE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town | Caunty State                                    |
| DEPUTY DICAL EXAMINER: seessory, please execute the certie of funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremotion,  | 33            | AT WORK LI AT WORK LI  |   |
| ICAL E) e execution. Pog ed for ) cCTOR: P   |               | 22o. I certify that I took charge of the remains described above, held an Autopsy 💢, Inspection 💢, Inquiry 🗵   | , and in my opinion                             |
| bica<br>blease ex<br>director.<br>etoined t  |               | deoth resulted from: Notural causes 🔼 , Accident 🗌 , Suicide 🗍 , Hamicide 🗍 , Undetermined monner  |   |
| TY please y, please rol direct ere retoine (AL DIREC   | 3             | ACTUAL OF BY BOLD CHIEF MEDICAL EXAMINER CONTROL OF DATE   |   |
| ry, gerol be r RAL Price   |               | SIGNATURE  | SIGNED  |
| function of the function of th |               | EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, tawn, or county)  |   |
| O DEPUTY necessory, the funerol 5 may be O FUNERAL Heolth pri  | 230           | BURIAN CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY / 23d. LQCATION (City or Town)  | (County) (Stote)                                |
| TO DEPUI<br>necessory<br>the fune<br>5 may b<br>TO FUNER<br>Health   | 200           | REMOVAL (Specify) 10/2/68 HARMON MEM VACK LANDOVER   | Ma.   |
| OR   | 24,           | SUNERAL DIRECTOR & TENKINS GRODDRESS A AM 250. REC'D BY REGISTRAR 25b. REGISTRAR'S   |   |
| VR A15ME (3)   | FU            | WERAL HOME INC. WIASH, D.C. DATE OCT 2 1968 Clien  | rles Judge                                      |



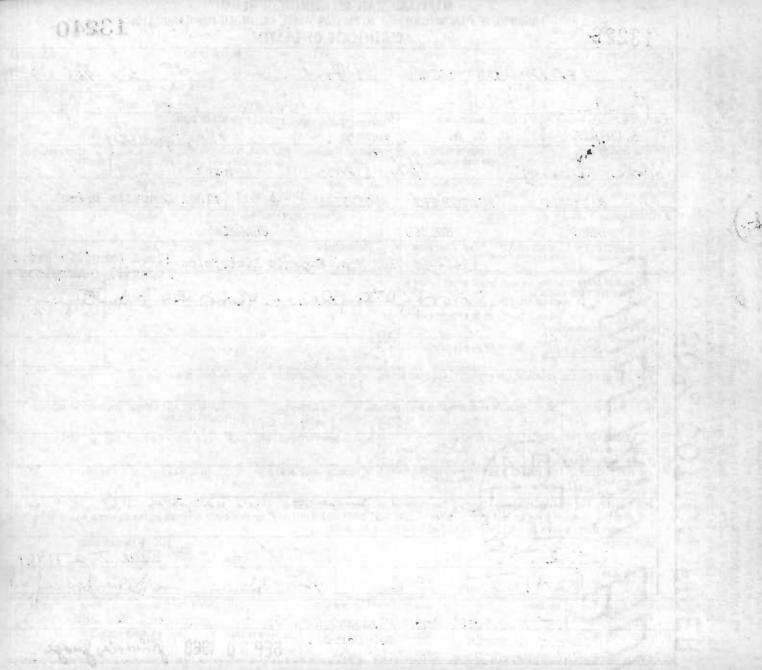
|                    | ,             | at Mark  | MARYLAN  | ND STATE DEP                   | ARIMENI OF H           | IEALTH            |                                  |                             |                                |
|--------------------|---------------|--|--|--------------------------------|------------------------|-------------------|----------------------------------|-----------------------------|--------------------------------|
| 1                  |               | 13225  | DIVISION OF VITAL RECORDS  | , 301 W. PRESTO<br>CERTIFICATE |                        | MORE, MAR         | (LAND 21201                      | 1323                        | 37                             |
| 6                  | 1 Dr          | CEACED MANY  |  |                                |                        | To part of p      | PATH                             |                             | Los mans                       |
| death 2            | 1. DE         | CEASED-NAME 4 First  | All Inc.   |                                | ast                    | 2a. DATE OF D     | Manth Day                        | Year                        | 2b. HOUR                       |
| he finel<br>ges ar | 2 65          | LAURA  |  | TAT                            |                        |                   | 9 1                              | 1968                        | 10'AM                          |
| o e s              | 3. SE         |  | 4. RACE  |                                | TE OF BIRTH            |                   | 6. AGE (In years last birth ay)  | IF UNDER 1 YEAR MONTHS DAYS | HOURS MIN                      |
| haurs              |               | FEMALE   | WHITE  | 1                              | 10-30-03               |                   | 64 YRS.                          |                             |                                |
| 1                  | ra. E         |  | 7b. CITIZEN OF WHAT COUNTRY?   | 8. MARRIED   NEV               | VER MARKIEU            | 9. COUNTY OF D    |                                  |                             |                                |
|                    | 10.6          | HMBRICH<br>TY OR TOWN OF DEATH                                   | AMERICA  | WIDOWED                        | DIVORCED 🔀             | MONTA             | Kind of work dane                | Lieu www.ee-e               | Md.                            |
| 7/                 | 7             | THOMA PARK   | 11. NAME OF HOSPITAL OR IN give street address) WHS HIH 4 TO           | y SAN, Hos                     | PITAL during mo        | ost of working li | e, even if retired.)             | 12b. KIND OF E              | JUSINESS OR                    |
| 5                  | 13a.<br>admi  | USUAL RESIDENCE (Where decea<br>ssian) STATE<br>HARYLAN          | sed lived, if institution: Residence befare 13b. COUNTY 10 13b. TOMERY |                                | PARK YES NO            |                   | ET AND NUMBER  MAPLE WO          | 0.D                         |                                |
| /                  | 14. F         | ATHER'S NAME First   | Middle Last  | 1S. MOTH                       | HER'S MAIDEN NAME FI   |                   | Middle                           | ,                           | Last                           |
|                    |               | EMIL   | WITZI  |                                |                        | lin               |                                  | HAR.                        | MT                             |
|                    |               | WAS DECEASED EVER IN U.S. AR<br>es, na, ar unknawn) (If yes give | MED FORCES? war or dates of service)  16b. SOCIAL SECURITY  7.45-48-   | 4 . 1                          | PITAL REC              | POROS             | Address<br>TAKUMIZ               | PARK,                       | 173.                           |
|                    |               | 18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE             | nly ane cause per line far (a), (b), and (c)                           | CVA                            | And of                 | B1 11             | Rem Gre                          | BETWEEN ON                  | ATE INTERVAL<br>ISET AND DEATH |
| 1                  |               | 4339 IMMEDI  | ATE CAUSE (U)  |                                | A Property             | 1                 |                                  |                             | )                              |
|                    |               | Canditians, if any, which gave                                   | DUE TO, OR AS A CONSEQUENCE OF   | X-1                            |                        | V                 |                                  |                             |                                |
| 13.                |               | rise ta immediate cause (a),                                     | (b)  DUE TO, OR AS A CONSEQUENCE OF                                    |                                | 71.012.00              |                   |                                  |                             |                                |
| - 3                |               | stating the underlying cause last.                               | (c)  |                                |                        |                   |                                  |                             |                                |
| -51                |               | PART 2. OTHER SIGNIFICANT CO                                     | NDITIONS CONTRIBUTING TO DEATH BUT I                                   | NOT RELATED TO THE T           | TERMINAL DISEASE ORCI  | ONDITION GIVEN    | IN PART 1(a)                     |                             |                                |
| 13                 | .,            | 330×   |  |                                |                        |                   |                                  |                             |                                |
| /                  | CERTIFICATION | 19a. DATE OF OPERATION 19b.                                      | CONDITION FOR WHICH OPERATION WAS P                                    |                                | Oa. AUTOPSY?           |                   | ES, WERE FINDINGS C<br>OF DEATH? | ONSIDERED IN CE             | RTIFYING                       |
|                    |               | 21a. ACCIDENT WAS UNDERLYII                                      |  |                                | URY OCCURRED (Enter    | nature of injury  | in Part 1 or Part 2.             | Item 18.)                   |                                |
|                    | MEDICAL       | OR CONTRIBUTING CAUSE OF DEA                                     | TH HOUR A.M. Manth Day Year  | 9                              |                        |                   |                                  |                             |                                |
|                    | MED           |  | PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.       |                                | N Street ar R.F.D. Na. | City a            | r Tawn                           | Caunty                      | State                          |
|                    |               |  | nis hospital) attended the deceo                                       | sed from YE                    | ARS_, 19_              | , to              | 19                               | , that                      | (I) (we) last                  |
| H                  |               | saw the deceased o   | nis hospital) attended the deceosolive on AUA 3                        | 19 68, and that                | in (my) (aur) apir     | nion deoth oc     | curred on the do                 | te ond hour o               | nd from the                    |
|                    |               |  | e, (I) (we) (did) (did not) view the                                   | body after death.              |                        |                   | 1 00                             | DATE CICUED                 |                                |
|                    | 9             | 22b. SIGNATURE   | H Molhmy   | DEGREE P                       | ATTENDING MI           | ED.               | STAFF PHYS.                      | DATE SIGNED                 | 968                            |
| 1                  |               | 22d. PHYSICIAN'S<br>NAME (Type)                                  | as H. Woher  | ION                            | 831 Unev               | ursely            | Blodg E                          | 4.1                         | MI                             |
|                    |               | BURIAL (REMATION, 23b. REMOVAL (Specify)                         | STEEL 4-68 23cL TAME OF  | SELVETERY OF CREATE            | TORY etery             | 23 д. Отраном     | (City or John)                   | (County) C                  | 1110                           |
|                    | 24.           | FUNERAC DIRECTOR   | 1 25 LADDRES   | Prust de                       | 2Sa. RICD BY           | Y REGISTRAK       | 25b. REGISTRAR'S                 | SIGNATURE                   |                                |
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|---|---------------|---|---|---------------------|--|---|--|
| 1   | 3             | 13227   | DIVISION OF VITAL RECOR                                       | DS, 301 W. PRE      | STON STREET, BALTIM                      | ORE, MARYLAND 21201                                   | 3239   |
| . 2   | 1 D           | CEASED-NAME First   |   | CLKIIIICA           | IL OF DEATH                              | 20. DATE OF DEATH                                     |  |
| nours after death.  by the funeral  Poges 1 and 2  hours after death.   |               | Ype or print) Alm   |   |                     | Perry                                    | Month Day   | Yeor 2b. Hours                               |
| fun<br>fun<br>i l c   | 3. SI         |   | 4. RACE   | S                   | DATE OF BIRTH                            | 6. AGE (In years                                      | IF UNDER 1 YEAR   IF UNDER 24 HRS.           |
| s aft<br>the<br>oges<br>rs af   |               | Female  | white   |                     | 4.24-02                                  | last birthday) YRS.                                   | MONTHS OAYS HOURS MIN.                       |
| Pour Pour   | 7o.           | BIRTHPLACE (State or foreign htry) Tenn.                    | 7b. CITIZEN OF WHAT COUNTRY?                                  |                     | INC VEK MIAKKIED                         | COUNTY OF DEATH                                       |  |
| 24 ( 25 ) 24 ( 27 ) 24 ( 27 )   | _             | ITY OR TOWN OF DEATH  | USA   | WIDOWED T           |  | Montgomer   | Md.  |
| ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etained by the hospital or attending physician.  CTOR: After this certificate has been signed by the ottending physician old completely filled by the funeral should be detached for use as the buriol-transit permit. Then please femave carbon papers. Pages I and 2 should be after the pept. of Health prior to burial, cremation, or removal, and in any event, within 22 bours after death with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 bours after death |               | Takoma Pa   | 11. NAME OF HOSPITAL Of give street address                   | Saniforia           | n - Hospitaling mast                     | of warking life, even if retired.)                    | 12b. KIND OF BUSINESS OR<br>INDUSTRY         |
| executed withing do completely emove corbon any event, with   | 13o.<br>odm   | USUAL RESIDENCE (Where deception) STATE  Mary and           | sed lived, if institution: Residence bet                      | Ore 13c. CITY OR TO | 1 . I week wat                           |   | vanue  |
| exe exe   | 14.           | ATHER'S NAME First  | Middle La   | st 1 15. 1          | NOTHER'S MAIDEN NAME First               | Middle  | Last   |
| a so   | 160           | WAS DECEASED EVER IN U.S. AR.                               |   | eth III INE         | ORMANT \                                 | Address   | Bynum  |
| equires that the death certificate by physician. Signed by the ottending physician buriol-tronsit permit. Then please burial, cremation, or removal, and  | Y             | es, no, osunknown) (If yes give                             | war or dales of service) 408-30                               | 200.00              |  | hington Sanitari                                      | um = Hospital                                |
| h ce<br>The<br>The  |               | 18. CAUSE OF DEATH (Enter of<br>PART I. DEATH WAS CAUSE     | nly ane cause per line for (a), (b), one                      | 1.0                 |  |   | APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH |
| deat<br>tend<br>rmit.   |               |   | IATE CAUSE (a)  | and her             | me care                                  | nina  | I dylar.                                     |
| the or t pe or t pe attion  |               | Canditians, if any, which gave                              | DUE TO, OR AS A CONSEQUENCE                                   | OF                  |  |   |  |
| that<br>in.<br>by th<br>ronsi   |               | nse ta immediate cause (a),<br>stoting the underlying couse |   | OF                  |  |   |  |
| res<br>res<br>rsicio<br>ned l<br>iol-tr<br>ial, c   |               | last.   | (c)   |                     |  |   |  |
| sign<br>bur   |               | PART 2. OTHER SIGNIFICANT CO                                | NDITIONS CONTRIBUTING TO DEATH BE                             | JT NOT RELATED TO 1 | HE TERMINAL DISEASE OR CON               | DITION GIVEN IN PART 1(a)                             |  |
| aw nding been the or to   | TION          | 19a. DATE OF OPERATION 19b.                                 | CONDITION FOR WHICH OPERATION W                               | AS PERFORMED        | 20a. AUTOPSY?                            | 20b. IF YES, WERE FINDINGS CO                         | ONSIDERED IN CERTIFYING                      |
| The I atter hos hos h pri   | CERTIFICATION |   |   |                     | YES NO                                   | CAUSES OF DEATH?                                      |  |
| N   | IL CER        | 210. ACCIDENT WAS UNDERLYI                                  |   |                     | INJURY OCCURRED (Enter no                | ture of injury in Port 1 or Part 2,                   | Item 18.)                                    |
| SICIA<br>splita<br>ed fa  | MEDICAL       | (If either, natify medical exam                             | iner) P.M.  | 19                  |  |   |  |
| Page 4 may be retained by the hospital or attending physician to FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-tro should be filed with the State Dept. of Health prior to burial, cre  | W             | at wark at work   | PLACE OF INJURY (AT HOME, FARM, STRE<br>OFFICE BUILDING, ETC. |                     |  | City or Town  | County State                                 |
| DING<br>d by t<br>After<br>d be d<br>e Stote  |               | saw the deceased of   | his h <mark>ospital) ottended the dec</mark><br>alive an      | 19, and t           | 7-26 , 19 69<br>hat in (my) (our) opinio | 5, ta <u>9-10</u> , 19<br>In death accurred on the da | te and haur ond from the                     |
| R ATTENI<br>retained<br>RECTOR: A<br>3 should<br>with the   | 2             |   | e, (I) (we) (did) (did not) view                              | the body ofter de   | ath.                                     | 1.00  | DATE CLOUED                                  |
| OR A be ret be ret or SIREC   |               | 22b. SIGNATURE  | T Kemlott. 1  | 2 / DEGREE          | ATTENDING MED. PHYS.                     | CTOR STAFF  | DATE SIGNED                                  |
| AL (oy b oy   |               | 22d. PHYSICIAN'S  | 7. 7000000  |                     | 22e. ADDRESS                             | 1113.   |  |
| TO HOSPITAL (Page 4 may b TO FUNERAL D director, page   | ,             | NAME (Type)   |   |                     |  |   |  |
| And   | 23a.          | DEMONIAL (C: )  |   | OF CEMETERY OR CE   |  | 3d. LOCATION (City or Town)                           | (Caunty) (State)                             |
|   |               |   | 9-14-68 BYH   | ALIA CEME!          | 2Sa. REC'D BY R                          | BYHATITA MTS. EGISTRAR 2Sb. REGISTRAR'S               |  |
| VR A15 (4)<br>30M REV. 1/68   |               | 1308 SITTIAND   |   | MARVIAND            |  |   | nlas Judge.                                  |

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13240 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR death. be executed within 24 haurs after death the funeral ges I and after death (Type or print) Month Doy Yeor **ELTSCL** 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years last birthday) MONTHS DAYS HDURS YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) U. S. A. ROUMANIA WIDOWED 🔀 DIVORCED [ director, page 3 should be detached far use as the burial-transit permit. Then please remave carban paper shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 Jann E campletely filled ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most af warking life, even if retired.) INDUSTRY ACTRESS 13c. CITY OR TOWN 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13b. COUNTY MONTGOMERY admission) STATE YES [] NO 11801 Danville Drive MARYLAND ROCKVILLE14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Last ELISCU SHARAGA SAMUEL physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the death certificat 11801 Danville Drive Yes, na, or unknown) (If yes give wor or dotes of service) 545--24-5102 Mrs. Eugenie Bielefeldt attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove; burial-transit rise to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 2 NO [ 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work at wark 22a. I certify that (I) (this haspital) attended the deceosed from saw the deceosed olive an 26 1967, and that in (my) (our) opinian death occurred on the date an 19 6 2, and that in (my) (our) opinian death occurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE PHYS. 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (State) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Hawthorne, New York Mount Pleasant Cemetery ADDRESS 232 Carroll 250. RECD BY REGISTRAR St., N. W. Wash., D. OATSEP 3 0 19 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Donald M. VR A15 (4) 1968 30M REV, 1/68 Jebrew Memorial Funeral Home



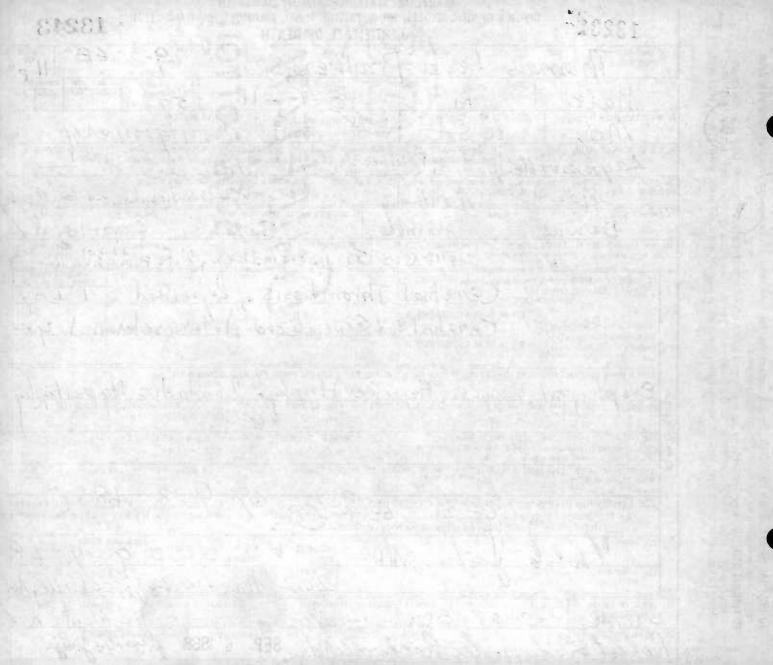
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3241 CERTIFICATE OF DEATH Middle Last DECEASED-NAME First 2g. DATE OF DEATH 2b HOUR death. within 24 hours after death. funeral I and (Type or print) Sept 1968 Pickrell George McCall 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF HINDER 24 HRS. 6. AGE (In years last birthday) Male White 1.903 January - 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) pletely filled in USA WIDOWED [ DIVORCED [ Montgomery lease remave carban paper and in any event, within 72 Maryland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Silver Spring swick Ct. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13b. COUNTY Montgomery Silver Sprin 3404 Chiswick Court de exer 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle and George Pickrel1 Elizabeth McGlensey 3404 Chiswick Ct. 16b. SOCIAL SECURITY NO. 17. INFORMANT requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? crematian, ar remaval, 225-09-07854 Sarah P 18. CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY rteriosclevotic IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) signed by the burial-transit p rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been with the State Dept. af Health priar to for use as the nafete 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO \_ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. If either, natify medical examiner) 210-PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from IFN 30, 1962, ta 1964, 1960, 1960, that (I) (we) last saw the deceased alive an 1964, 1966, and that in (my) (our) apinion death pocurred and the date and haur and from the causes stated above. (1) (we) (did nat) view the bady after death. 22b, SIGNATURE STAFF DEGREE director, page should be filed DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Warren D. Brill, 2601 - 16th St., N.W., Washington, D.C. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Richmond, Virginia Hollywood Cemetery 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Wisconsin 30M REV. 1/68 PUMPHREY

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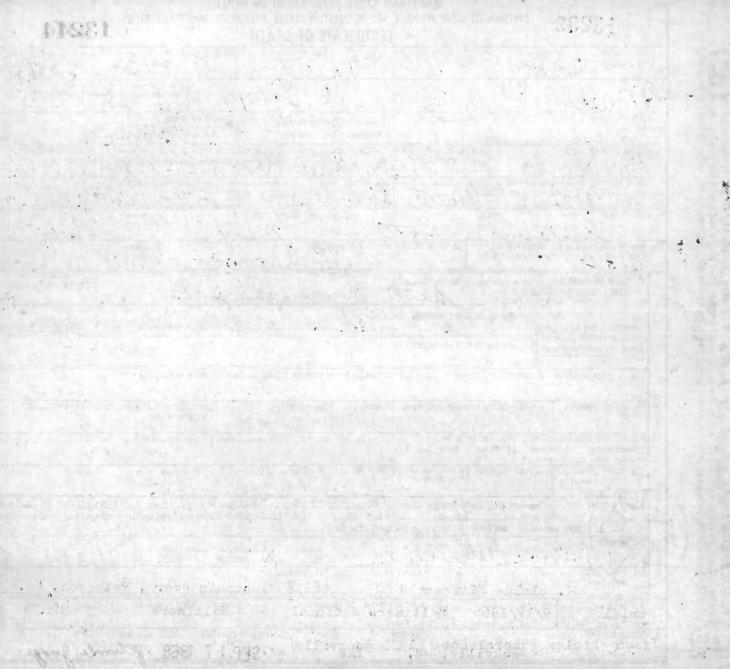
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| 1  |               | 13231 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH   |
|--|---------------|--|
| r death.<br>uneral<br>1 ond 2<br>er death.   |               | CEASED-NAME—The First Levi Prather SR 20. DATE OF DEATH 9-30- 68 2b. HOUR 132 M  |
| the functions of the fu | 3. SE         |  |
| d in by  | 7o. E         | SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 4 WIDOWED DIVORCED NOT HE OWN ENUM Md.   |
| within 24 within 24 bon paper within 24  |               | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.)  12. INDUSTRY  12. INDUSTRY   |
| and Completely fremove corbon in only event, with  | odmi          | USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 21401 Burnham Rd. Gaithershe   |
| cian anger   |               | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT O Address 2 44 0 Exitnesh  |
| th certificot<br>ding physici<br>Then ple<br>removal, o  |               | 85, 10, 01 UNKNOWN) WITE BURNHEN Rd.   |
| ne deoth certificote b<br>attending physician<br>permit. Then please<br>ion, or removal, ond i   |               | 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  LET E bra Throm bosis, lepeated  DAY  DUE TO, OR AS A CONSEQUENCE OF   |
| that the d<br>an.<br>by the att<br>transit per   |               | Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause UE TO, OR AS A CONSEQUENCE OF   |
| equires that the physician. signed by the burial-transit burial, cremot  |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDIZION GIVEN IN PART 1(a)  |
| PHYSICIAN: The low requires that the deoth certificote be executed within 24 hours after death e hospital or ottending physician. The following the following the second physician and the following the standard for use as the burial-transit permit. Then please temove corbon papers and 2 and 2 bept. of Health prior to burial, cremotion, or removal, and in any event, within 2 hours after death  | CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY?  YES NO FOR CAUSES OF DEATH?   |
| ICIAN: The property of Heolth  | MEDICAL CERT  | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Doy Year (If either, notify medical examiner)   P.M. 19   |
| IDING PHYSICIAN: 1<br>I by the hospital or<br>After this certificate<br>I be detoched for us<br>State Dept. of Heolt   | ME            | 21d. INJURY OCCURRED While Nat while at work 1 work 1 work 1 work 1 work 2 to 1 work 2 to 1 work 1 work 1 work 1 work 1 work 2 to 1 work 1 wor |
|  |               | 220. I certify that (I) (this hospital) attended the deceased from 2, 19, 10, 10, 19, 10, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19   |
| OR ATTENI<br>be retoined<br>DIRECTOR: A<br>ge 3 should   |               | 226. SIGNATURE LA Layhon MD DEGREE ATTENDING MED. STAFF C 22c. DATE SIGNED -68   |
| O HOSPITAL OR ATTEN<br>Page 4 may be retoined<br>O FUNERAL DIRECTOR:<br>director, page 3 should<br>should be filed with the  | K             | 22d. PHYSICIAN'S NAME (Type)  22e. ADDRESS 202 Martin La Rockille, Ald   |
|  | 1             | BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stock)  ABDRESS 25d. REC'D BY REGISTRAR'S SIGNATURE  23d. LOCATION (City or Town) (County) (Stock)  ADDRESS 25d. REC'D BY REGISTRAR'S SIGNATURE   |
| VR A15 (4)<br>30M REV. 1468  | 1             | Robert L. Snowden Rockvilleted. DATESEP 6 1968 July  |

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| -   | -    | MARYLAND STATE DEPARTMENT OF HEALTH  |
|---|------|--|
| HO MAN  | SA A | 13232 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH   |
| deoth.  | 1.   | DECEASED-NAME (Type or print)  Cames  Middle  Dost 1  2a. DATE OF DEATH  Month 3 Day  Year 8 2b. HOUR  M M   |
| within 24 hours after deoth ely filled in by the funeral bon papers. Paget & Indianthin 72 hours after deart  | 3.   | and the second of the second o |
| 4 hour<br>l in by<br>eers. p  |      | D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 SOUNTY OF DEATH WIDOWED DIVORCED MODERY Md.  |
| within 24 hours ely filled in by the bon papers. Pag. within 72 hours   | 0 10 | 11. NAME OF HOSPITAL OR INSTITUTION (If no) in hospital during myst of warking life even it retreaty to the series oddress)  |
| S event   | 5 0  | In Justice (Where deceosed lived, if institution: Residence before 126. OTTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 100 17. COLVINE 18 18 18 18 18 18 18 18 18 18 18 18 18  |
| in only   | 1 1  | 4. FATHER'S NAME First Middle Plast IS. MOTHER'S MAIDEN NAME First Middle Buttle   |
| enflicated physician physician please loval, and i  | 1    | 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT UKE-E LeanOR - Same  |
| 一周一0 四年 6   |      | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (a)  Acrile Myo Cardial Information  IMMEDIATE (AUSE (a)  |
| that the death an. by the attendir ronsit permit.   |      | Conditions, if any, which gave is to immediate couse (o).  DUE TO, OR AS A CONSEQUENCE OF the first to immediate couse (o).  (b) Hereros elevated Heart Disease / year   |
| Self.   |      | stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF   (c)  |
| r requirements by the purity to buri  |      | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  2 0 1  |
| The low re oftending has been se os the th prior to   | 2    | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 2 from 18.)   |
| vsician:<br>ospitol or<br>certificate<br>hed for u  |      | GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor P.M. 19  |
| PHYSICIA<br>the hospital<br>this certifical<br>detoched fo<br>e Dept. of H  |      | While Nat while at wark at wark  |
| ATTENDING etained by 1 CTOR: After should be a  |      | 220. I certify that (I) (this hospital) ottended the deceosed from   |
| OR ATTENI<br>be retained<br>DIRECTOR: A<br>je 3 should<br>ed with the   |      | 22b. SIGNATURE Fitzerel DEGREE ATTENDING MED. STAFF 9/13/68.   |
| TO HOSPITAL OR ATTENDING PH<br>Page 4 may be retained by the h<br>TO FUNERAL DIRECTOR: After this<br>director, page 3 should be detoc<br>should be filed with the State Der | 1    | 22d. PHYSICIAN'S NAME (Type) J. Blaine Fitzgerald 8218 Wisconsin Ave., Bethesda, Md.   |
| To HOS Poge 4 O FUN directs   |      | Burial, Cremation, 9/17/1968 Baltimore National 236 Location (City of Town) Md (Stote)   |
| VR A15 (4)<br>30M REV. 1/68   | 2    | Tyson Wheeler Funeral Home dissipation Pike   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   25c. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   25c. REC'D BY REGISTRAR   25c. REC'D BY REGI |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13245 CERTIFICATE OF DEATH DECEASED-NAME First Lost 2o. DATE OF DEATH the funeral ages It and 2 rs after death. 2b. HOUR cuted within 24 haurs after death (Type or print) Leroy 10, 1988 Purdum 2P. M 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost bighdoy) HOURS Male May 22, 1899 White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md. and completely filled in remove carban papers USA papers DIVORCED WIDOWED | Montgomery and in any event, within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Potomac during most of working life, even if retired.) INDUSTRY Rockville Nursing Valley 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Montgomery Cedar Grove , Gaithersburg 14. FATHER'S NAME Middle Middle Lost 1S. MOTHER'S MAIDEN NAME First ex. and Luther pe М. Purdum Sarah L. Murdoch physickan nen please requires that the death certificated 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, 217-36-6677 Arthur B. Purdum, Gaithersburg, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE (AUSE (0) Carcinoma of Lung with metastases 2 years? DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) te has been suse as the talk Arteriosclerotic Cardiovascular Disease with previous Cerebral Thrombosis 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? May 21, 1968 Left Lobectomy with attacmpted director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor No injury (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from Tuly 2. , 1966, to September, 1910 19th8t (I) (we) last saw the deceased alive an September 10.19 68, and that in (my) four applicant death accurred an the date and hour and from the causes stated above, (1) Twe) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR September 10. DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS M. McKendree Boyes 9701 Church Street NAME (Type) Damascus, Maryland 23o. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Upper Seneca Baptist Sept.12,1968 Cedar Grove, Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Olin L. Molesworth, Damascus, Md. 1968

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